

5. Parental/guardian consent form

Name of participant:

Home address:

Name, address and country of sending school:

Name, address and country of hosting school:

Visit period: from _____ to _____

Contact details of the contact teacher at the sending school (filled in by the sending school):

The signing of this form by the parent(s)/guardian(s) before the start of the activity is an indispensable condition for participation. If you need further information or wish to discuss this consent form please contact the contact person at the sending school. The priority is to ensure the safety of all participants at all times and your full cooperation is essential in this regard.

As a parent/guardian of the above pupil,

- I hereby give my consent to his/her participation in the above visit, including prior preparation and subsequent follow-up activities;
- I confirm that I have received adequate information concerning the visit and its practical details, such as information on the insurance and the info meetings, and have received the documentation on crisis management;
- I understand that the pre-departure and on-arrival information meetings for pupils are compulsory
- I declare that I have provided accurate and appropriate information on the health condition as well as any special requirements of my child on the Pupil application form and the Health form. I agree to inform the contact teacher at the sending school of any change regarding this information occurring between the date of signature of this form and the end date of the stay (day of departure from the host country);
- I agree that he/she during this stay will be under the authority of, and be responsible to, the appointed mentor at the host school and the host family; I am aware that due to the status of my child as a minor (___ years old) specific laws and regulation of the countries of origin, transfer and destination (host country) do apply and I hereby confirm, that me and my child do follow these rules and regulations.
- My child is aware of the rules of conduct in force at the host school and is familiar with the crisis procedures, and he/she will act in accordance with them;
- I accept that it may be necessary to send my child home earlier in the following circumstances and I furthermore acknowledge that in case of (1) and (2), this will happen at my responsibility and cost:

STUDENTS MOBILITY FROM AND TO THE EUROPEAN SCHOOLS

- (1) In case of a serious breach of the following rules:
 - Attending school is compulsory. The pupil is required to participate fully in school activities and to complete all assignments and school work.
 - Use of alcohol and use of drugs is strictly forbidden.
 - Driving of any motorised vehicle is not allowed.
- (2) If he/she displays behaviour that is deemed inappropriate or offensive to the host community, endangers him/herself or other people, or causes damage to property
 - For medical reasons.

- I agree to my child receiving necessary medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present;

- I agree that the envelope containing the Health form (Part 2) can be disclosed to the medical service of the host school and to a doctor treating my child while on the visit, where medically necessary. If necessary, I agree to communicate all relevant information relating to the health of my child to the host school and the host family.

- I agree to keep all personal data concerning host family confidential.

- I agree that the sending school will communicate the data concerning my child included in the Pupil Application Form to the host school, and that the host school will transmit the relevant data to the family which will host my child. All the personal data will be treated confidentially.

- I understand that photographs and film and video footage (the images) of current and former exchange pupils are occasionally used by the hosting school in pedagogical/information materials. By signing this Parental Consent Form, I grant to the hosting school the right to use, publish and/or reproduce excerpts from interviews and letters, images and audio recordings of the pupil taken during his/her involvement with the visit.

Signature and date:

I do not agree to such use of the photographs, films and video footages of my child.

Signature and date:

STUDENTS MOBILITY FROM AND TO THE EUROPEAN SCHOOLS

- I authorise the host family for my child to sign any authorisation required by the school for my child to participate in any school-sponsored activities, events or programmes.

- I am aware that I have to grant to cover costs related to the pupil mobility. International travel will be organized and covered by me.

- If my child needs to buy domestic travel tickets in the home or host country when travelling to or from the host country, the costs of these tickets will be reimbursed by me.

- I am aware that my child must write a final report and hand it in to the sending school. The model for the report will be provided by the school.

Agreed and accepted by:

Place:

Date:

(Parent/Guardian) Name in capital letters:

Signature:

(Parent/Guardian) Name in capital letters:

Signature:

Place:

Date:

(Pupil) Name in capital letters:

Signature:

Contact details of the parent/guardian:

Name:
Address:
Telephone:
Mobile telephone:
E-mail address: