**Parental/ guardian consent form**

Name of participant:

Home address:

Name, address and country of sending school:

Name, address and country of receiving school:

Mobility period: from\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_

Contact details of the contact teacher at the sending school (should be prefilled here by the sending school):

The signing of this form by the parent(s)/guardian(s) before the start of the activity is an absolute 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 Erasmus+ Long Term Study Mobility of Pupils, including prior preparation and subsequent follow-up activities;
* I confirm that I have received adequate information concerning the Comenius Long Term Study Mobility of Pupils action and the practical details of the exchange, such as information on the grant, the insurance and the training sessions, and have received the documentation on crisis management;
* I understand that the pre-departure session for pupils is 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 in 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;
* My child is aware of the rules of conduct agreed between the sending and host school for the stay 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:

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.
* Abuse of alcohol and use of drugs is strictly forbidden.
* Driving of any motorised vehicle is not allowed.

1. 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
2. For medical reasons

* I furthermore acknowledge that in case of (1) and (2), this will happen at my responsibility and cost;
* 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 a doctor treating my child while on the programme where medically necessary. If necessary, I agree to communicate all relevant information relating to the health of my child to the receiving school and the host family.
* I agree to keep all personal data concerning the host family confidential.
* I agree that the sending school will communicate the data concerning my child included in the Pupil Application Form to the receiving school, and that the receiving school will transmit the relevant data to the family which will host my child. I understand that basic information on my child will also be communicated to the relevant National Agencies in charge of the Erasmus+ Programme and to the European Commission. All personal data will be treated as confidential.

Signature and date:

I understand that photographs and film and video footage (images) of current and former participating pupils are occasionally used by the schools in promotional or information materials.

I grant to the sending and receiving schools the right to use, publish and/or reproduce images and audio recordings of my child taken during his/her involvement in the Erasmus+ Programme.

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

Signature and date:

* 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 the sending school receives a grant to contribute to the costs related to my child's study mobility. International travel will be organised by the school. I understand that my child must give to the school all requested documentation related to his/her travel expenses. I understand that the travel costs will not be reimbursed if the relevant evidence cannot be provided.
* I am aware that my child will receive a monthly allowance as a contribution to costs incurred during the stay abroad such as school books, local transport, school excursions etc. No receipts need to be provided to justify the use of the monthly allowance. I understand that this part of the grant will be transferred to me (to be transferred to my child) or directly to my child by the sending school. I am aware that, in case of early return of my child, the allowance for the remaining period will need to be reimbursed to the school.
* I am aware that my child must contribute to a report on his/her study mobility period, as required by the sending school.

Agreed and accepted by:

Place: Date:

(Parent/Guardian) Name in capital letters: Signature:

(Parent/Guardian) Name in capital letters: Signature:

(Pupil) Name in capital letters: Signature:

**Contact details of the parent/guardian:**

Name:

Address: E-mail address:

Telephone: Mobile telephone: