

Annex 3: Consent form for participation

I, the undersigned parent/legal representative, hereby consent for my child to participate in the Pupils' Mobility Programme, including preparation and follow-up activities. To this end:

1. Acknowledgment of the Programme's documents

I acknowledge that I have read and understood the following documents: Annex 1 – Roles and Responsibilities, Annex 2 – Confidential Health Form, and Annex 4 – Guidance on Crisis Management. Upon acceptance of my child's participation by both the sending and host schools, I will arrange for a doctor to complete the Confidential Health Form.

2. Privacy and data protection

I understand that the personal data provided in relation to my child's participation in the Pupils' Mobility will be treated as confidential, respecting data privacy, and processed in accordance with GDPR (link to be added by the school to the school's privacy policy). I understand that the sharing of relevant information with the Parents' association as necessary for the good functioning of the Mobility Programme. For more information or any concerns regarding data processing, I may contact the school's and/or The Parent Associations' Data Protection Officer.

3. Consent for photos and videos

I grant the host school permission to take photographs, videos, and/or audio recordings of my child, and to use, publish, and/or reproduce them, in whole or in part, for educational or informational purposes in materials produced by the host school, such as internal newsletters, school website and other related publications (please tick the appropriate box).

☐ YES ☐ NO

4. Consent for medical treatment

I agree to the participating pupil receiving necessary medication and any emergency dental, medical or surgical treatment, including aesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that I will be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.

I agree to hold harmless and release from all liability the host school and all staff or all members of the host family for any intervention in an emergency regardless of the outcome. I agree to assume all financial obligations beyond those covered by health, accident, and sickness insurance for any medical treatment rendered.

5. Emergency contact information

I provide the following additional contact in case I cannot be reached in an emergency:

Emergency Contact Name: _____

Relationship to Pupil: _____

Phone Number(s): _____

Parent/Legal representative Name: _____

Signature: _____

Date: _____