**Parental/Guardian consent**

I, undersigned, ……………………………………………………….., parent/guardian of the child/young person ……………………………….., born on …………………………., of nationality ……………………………., give consent for my child to take part in the activity:

Name of activity: Mobility of staff in the field of sport □ job shadowing, □ coaching or training assignments

Funded by the European Union under the Erasmus+ project no.: …………………………………….

Coordinating organization: ……………..

Sending organization: …………………….

Host organization: …………………………

Period of the mobility (including travel days): ………..

Travel dates: …….

Location: *city/country*

Accommodation at: ……………, with the following facilities: …………………..

**Contact details of the person accompanying the child that I can contact at any time:** ………… (name, telephone number, email address)

Contact details of the project coordinator: ………… (name, telephone number, email address)

Activities taking place at: ………………………………………..

Description of the activities and methods used during the youth exchange: ………………….

I confirm that I have been informed by the project organizers of the activities my child will take part in, as well as of the learning methods that will be used.

I agree for my child to take part in all the proposed activities.

I confirm I have been informed of all the logistical aspects (travel arrangements, meals, accommodation) and financial aspects regarding reimbursement of costs.

In case of an emergency situation, I agree to any emergency treatment to be given to my child, in accordance to the laws in the host country.

I acknowledge the need for my child to behave responsibly at all times.

**Personal information on the child:**

Details on medical conditions, allergies, phobias, disabilities (if applicable): ………………

Details on any medication (if applicable): ………………………….

Dietary requirements (if applicable): …………………………………….

Any other useful information: ………………….

**Parent or guardian contact details during travel and stay abroad:**

Phone number: land line …………………………….; mobile: …………………………….

In case I am not available, the organizers can also contact:

Name of second contact person:

Phone number: land line …………………………….; mobile: …………………………….

**Signature of the parent/ guardian Date:**

**Photo/video consent**

I give permission to the organizers to take photographs/ videos of my child.

I give permission to the organizers to use the photographs and videos taken in order to promote the project and its results, which may include, among others, publishing them on social media accounts, on websites of involved organizations, in mass-media, in leaflets/other promotional materials etc.

**Signature of the parent/ guardian Date:**

*All personal data contained in this document are collected during the implementation of the Erasmus + Programme (2021-2027), in accordance with the European Commission regulations. The data will be stored and processed by the Programme’s beneficiary organisations and the ANPCDEFP under the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation - GDPR).*

*ANPCDEFP will store and process these data according to Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data.*