Project title: **Peer Advocacy for Gender Equality**

**Youth Exchange 2** – Sevilla, Spain: **19-24 April 2020 (6 workdays)**

I, the undersigned …………………………………………………………………………….…, parent/ guardian give my consent to the participation of my child ………………………..................................................... in the above mentioned Erasmus+ youth exchange. I confirm that I have received adequate information about the practical details, such as travelling, accommodation and programmes.

I agree that he/she will be under the authority of, and responsible to the Spanish project leaders: Patricia Parejo González (contact details: patricia-parejo@salesianostrinidad.net, +34 620 419 288) and Irene Moreno Domínguez (contact details: irene-moreno@salesianostrinidad.net) and the group leaders of his/her sending school.

He/She will hold a valid European Health Insurance Card to be presented to the medical staff in case of emergency and I agree relevant emergency treatment to be given to him/her if needed.

Personal information about my child:

Medical conditions, allergies, diet, etc.: ……………………………………………………………………..……………

Medicine taken: ………………….…………………….……………………………………………………………………………

My contact details: …………………………………………………………………………….……………………………………

**Rules of Conduct**

My child is aware of the following rules of conduct and will act in accordance with them:

* active collaboration in all programmes is mandatory,
* there will be zero tolerance for drinking alcohol, taking drugs and smoking during the youth exchange,
* whenever leaving premises during free time, participants will have to let the group leaders know about it,
* any potential damage will be covered by participants, not from the project budget.

**Audiovisual statement**

I understand and agree that photographs and film/video will be taken of participants during the youth exchange and published online in the project dissemination.

**Specific privacy statement**

I understand and agree that participants’ personal data (name, gender, place and date of birth, country of origin, email address) will be collected and processed on Mobility Tool+ and in Youthpass.

Place: Date:

I, the undersigned, have read and accepted all the above mentioned conditions.

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| ……………………………………….……………………………………. |
| signature of parent/guardian |
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