

# **Internationales Preisträgerprogramm**

## **Parental Declaration of Consent**

For our daughter / our son .....

First name, last name

1. We have read and herewith acknowledge the information given regarding the „Internationales Preisträgerprogramm“ and in the profile form. We give permission that our daughter / our son is going to participate in the sojourn in the Federal Republic of Germany. She / he will participate in the complete programme of the 4 weeks' sojourn.

2. Our daughter / son may participate in sports activities (at the host school and during leisure time) while in Germany:

yes                       no

3. Our daughter / son may participate in swimming activities while in Germany:

yes                       no

Our daughter / son can swim:

yes                       no

4. Our daughter / son has been vaccinated against tetanus:

yes                       no

If yes, when: .....

(date of the vaccination)

5. In case of vaccination, she / he will have a physician's documentation certifying the valid tetanus vaccination with her / him. If this attestation is in English or French, no translation is necessary. If the documentation is in other languages than English, French or German, a certified translation is needed.

6. We take note of and agree that in the event of serious violations of the general conditions of the programme (e.g., truancy, unauthorized leave of programme events, misuse of alcohol, drugs or medications) our daughter / son will be sent home at your own expense.

7. We consent to all rights to our daughter's / son's final report (incl. any enclosed photos, if applicable) on her stay in Germany being transferred to the Secretariat of the Standing Conference of the Ministers of Education of the Federal Republic of Germany / Paedagogical Exchange Service (PAD) and that excerpts of the report / photos may be used for programme purposes.

8. **We herewith accept the obligation to ensure that our daughter / son will return directly to our home country after her / his stay in Germany.**

9. In the event of treatment by a physician and / or if a stay at a hospital is necessary, I / we herewith consent to release the physician treating our daughter / son from doctor-patient confidentiality obligations and expressly allow the necessary information to be shared with the health insurance company operating in the context of the programme .

.....  
(Place)

(Date)

(Signature/s)