



IAU UNESCO SHORT-TERM PROGRAM PARENTAL CONSENT FORM

Participant Information:

- Full Name of Minor (Participant): _____
- Date of Birth: _____
- Gender: _____
- Contact Number: _____
- Email Address: _____
- Home Address: _____
- Parent 1 (Full name): _____
- Parent 2 (Full name): _____

Program Information:

- Program Name: IAU UNESCO Short-Term Program
- Program Dates: _____
- Program Location: Istanbul Aydın University, Beşyol, İnönü Cd. No:38, 34295 Küçükçekmece/İstanbul, Türkiye
- Organized by: UNESCO Chair on Cultural Diplomacy, Governance, and Education at Istanbul Aydın University

Parental Consent Declaration

I, the undersigned parent/legal guardian of the above-named minor, hereby give my full consent for my child to participate in the **IAU UNESCO Short-Term Programs** hosted by the UNESCO Chair on Cultural Diplomacy, Governance, and Education at **Istanbul Aydin University** under the terms and conditions outlined below.

Consent for Participation

I consent to my child's full participation in all program activities, including workshops, lectures, group discussions, cultural activities, excursions, and social events, both on and off the campus of Istanbul Aydin University.

Consent for Safety and Security Measures

I understand that the program organizers will take all reasonable precautions to ensure my child's safety during their participation. This includes safety protocols on campus and during off-campus excursions. I consent to these measures and will comply with the instructions and rules provided to ensure my child's safety.

Consent for Accommodation

If applicable, I consent to my child residing in designated program accommodations at Istanbul Aydin University or its approved housing partners during the program. I understand that my child must follow the rules and regulations of the accommodation facility. In case of any violation or additional demands made by the participant, I will be responsible for any additional arrangements or costs.

Consent for Communication with Program Staff

I consent to program staff communicating directly with my child for the purpose of managing activities, emergencies, or any program-related matters. I acknowledge that communication may take place via phone, email, or program-approved communication platforms.

Consent for Photography, Video, and Media Use

I consent to the use of photographs, video recordings, or other media that may include my child for promotional, educational, and reporting purposes by the UNESCO Chair on Cultural Diplomacy, Governance, and Education at Istanbul Aydin University and its affiliates.

Consent for Use of Personal Data and Data Sharing

I consent to the collection, storage, and use of my child's personal information (e.g., medical history, and contact details) for administrative purposes related to the program. I also consent to data being shared with partner institutions or service providers involved in the program's execution. I understand that this data will be handled in accordance with relevant data protection laws.

Medical Consent

I authorize the program organizers to provide or facilitate any medical assistance, including emergency medical treatment, while my child is participating in the program.

I understand that if the need arises for medical consent or signatures, I authorize the program organizers to sign any necessary documents as my child's local guardian(s).

Health Information:

- Medical conditions, allergies, or dietary restrictions? Yes / No

- If yes, specify: _____

- Medication? Yes / No

- If yes, specify: _____

- Family Physician Name and Contact: _____

I acknowledge that I am responsible for any medical expenses incurred, aside from those covered by the travel and health insurance that I am required to have in place before my child departs for the program.

Consent for Insurance Coverage

The participant is required to obtain valid health and travel insurance coverage that is effective from the date of departure from their home country and remains in force until the date of their return to their home country. The insurance must cover any medical, travel, or emergency-related expenses during the entire duration of the program, including while traveling to and from the host country. **Proof of valid insurance must be provided to the hosting organization prior to the commencement of the program.**

I acknowledge that I am responsible for ensuring that my child has valid medical and travel insurance covering accidents, medical emergencies, and other potential incidents during the program. I understand that program organizers are not liable for expenses arising from any incidents.

Code of Conduct Agreement

I acknowledge that my child must adhere to the program's code of conduct, respecting staff, fellow participants, and program guidelines. Should my child engage in serious misconduct, I understand they may be dismissed from the program, and I will be responsible for any travel and associated costs.

Liability Release

I release the program organizers, the UNESCO Chair on Cultural Diplomacy, Governance, and Education at Istanbul Aydin University, their staff, and any affiliated institutions from any claims or liabilities arising from accidents, injuries, or loss/damage of personal property during my child's participation.

Emergency Contact Information

- Primary Emergency Contact Name: _____
- Relationship to Participant: _____
- Contact Number(s): _____
- Secondary Emergency Contact Name: _____
- Relationship to Participant: _____
- Contact Number(s): _____

Parent/Guardian 1 Signature

By signing below, I acknowledge that I have read, understood, and agreed to all terms and conditions outlined in this consent form.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Parent/Guardian 2 Signature

By signing below, I acknowledge that I have read, understood, and agreed to all terms and conditions outlined in this consent form.

Parent/Guardian Name: _____

Signature: _____

Date: _____

For Program Use Only:

- Received by: _____

- Date: _____