**Consent of a Legal Representative with a Short Stay of a Child Abroad**

**I, mother / father** *(tick)*,

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Surname** | **Date of birth** | **Address** | **Phone and e-mail** |
|  |  |  |  |

**give a consent, that my child**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Surname** | **Date of birth** | **ID/Passport number** | **Comment** |
|  |  |  |  |
|  |  |  |  |

**travels abroad under following conditions:**

|  |
| --- |
| **Period of stay abroad**  |
| **From** | **Till** |

|  |
| --- |
| **Place of stay abroad** |
|  |

|  |
| --- |
| **Purpose of the journey abroad *(tick)*** |
|  | **Holiday** |
|  | **Family visit** |
|  | **Other** |

|  |
| --- |
| **Person accompanying the child** |
| **Relationship to child** *(tick)* | **Name and Surname** | **Date of birth** | **Phone and e-mail** |
|  | **Mother** |  |  |  |
|  | **Father** |
|  | **Other** |

|  |  |
| --- | --- |
| **Signed in** | **Date** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**verified signiture of the person giving consent**

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