|  |  |  |
| --- | --- | --- |
| **parental authorisation** | | |
|  | | |
| **full name of parent / guardian:** |  |  |
| **full address of parent / guardian:** |  |  |
|  |  |  |
| **parent / guardian telephone number:** |  |  |
| **full name of student:** |  |  |
| **date of birth of student:** |  |  |
| **originating country:** | **CROATIA** |  |
| **sending organisation:** | **HIGH SCHOOL ZABOK** |  |
| **final destination country:** | **MALAGA, SPAIN** | |
| **supporting organisations:** | **EUROMIND PROJECTS SLU**  **(OID: EE10399517)**  **&**  **TRAVELMUS SPAIN (OID: E10373801)** | |
| **dates of programme:** | **FROM :** 7. 12. 2025. |  |
|  | **TO:** 20. 12 2025. |  |
| **I authorise my child named above to participate in the ERASMUS+ programme** | | |
| In the event of illness or accident requiring emergency treatment, I authorise a representative of The High School Zabok to sign on my behalf any written form of consent required by the hospital authorities. | | |
| **Signature of parent / guardian:** | **Date:** | |
|  |  | |