

ERASMUS+ “COMMON ROOTS MAKE YOU”

PARENTAL CONSENT TO STUDENT TRAVELING ABROAD

A. Statement of responsibility

We authorize our son _____, with citizen card number:
 _____ valid until ____/____/____, to travel to _____ between
 ____/____/____ and ____/____/____, in the Erasmus+ Project “Common Roots Make You”, effective
 between 01/09/2019 and 31/08/2021.

_____ (mother’s name), CC number. _____,
 valid until ____/____/____, and _____ (name of the father), CC
 number _____, valid until ____/____/____.

We consent to any necessary treatments or surgeries, as directed by the doctor, in the event of our child's
 illness. We accept responsibility for material damage caused by our child and will incur the child's financial
 charges.

B. Information: (Delete where not applicable; if yes, specify)

Suffers from chronic diseases YES NO
 Takes permanent medication YES NO
 Suffers from allergies YES NO
 Other comments (dietary restrictions...)

C. Student’s Data:

1. Name
 2. Address:
 3. Contact Phone number:
 4. Health System/ N°

I confirm the accuracy of the information provided. Date.....

(The student travels in the company of Ana Cristina Tavares Martins, CC number 8757485-3ZX3, valid till
 05-07-2021, address: Rua Joaquim Quirino, nº 5, 10º Direito, 2770-090- Paço de Arcos.)

Parents’ signature/