

Parental authorization for students under 18 years of age

I, Mr./Ms./Mrs.....

Address.....

.....

Country.....Tel :

Mobile Phone.....

(**obligatory!** We may need to reach you at any time during the stay of your child)

allow my daughter / son :

- yes no - to participate at any outdoor activities organized by the Collège International.
- yes no - to be transported by bus or minibus driven by the recreational staff of the Collège International within the organized sports, cultural or tourist activities that require a collective transfer to the place of the activity.
- yes no - to leave the campus of the Collège International without company of adults, after the French courses and before the nightly curfew, for the beach, the city centre etc.
- yes no - if necessary, I allow the organizer or/and the accompanying staff to take all needed measures in case of emergency or circumstances that would require a committal to hospital or a medical attention.

I also authorize :

- yes no - the staff of the Collège International to take photos during the academic, cultural or sports activities at which my daughter / son participates and authorize there possible publication on the promotional website, in the brochure or in the monthly newsletter of the Collège International.

Date and signature

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- give my consent – in case of any illness or accident – and after professional advice,
to be given any necessary medical treatment

to my daughter, my son

date of birth ___ / ___ / ____ (day/month/year)

Medical antecedents to report : _____

Surgical antecedents to report : _____

Allergies : _____

Current medical traitement :

- Permanent : _____

- In case of necessity (indicate the type of necessity : allergy or other) :

Date and signature

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