PARENTAL/GUARDIAN CONSENT FOR PARTICIPATION OF A CHILD/MINOR IN ERASMUS+ PROJECT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*FIRSTAND LAST NAME, PERSONAL IDENTIFICATION NUMBER OF PARENT/GUARDIAN*),

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*full address*)   give my consent that my childs/minor:

(*FULL NAME AND PERSONAL IDENTIFICATION NUMBER OF A CHILD/MINOR*)

participates in activities of Erasmus+ project: **Youth for Volunteering -**

**Number of the project: 2023-3-HR01-KA152-YOU-000171676**

which is implemented by **Srednja škola Ivana Meštrovića Drniš** in the period

from **15th of March to 23th of March 2024.** in **Zagreb, Croatia**

Parent/guardian signature:

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

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place*)*

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_