**Consent Letter for Children Travelling Abroad**

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| --- |
| To whom it may concern, |
|  |
| I, |  |
|  | *full name(s) of parent(s) / person(s) / organization giving consent* |
| Address: |  |
|  | *street address, city* |
|  |  |
|  | *province/state, country* |
| Telephone and email: |  |  |  |
|  | *telephone* |  | *email* |
| am the parent of the following child, who is travelling to Meir Medical Centar in Tel Aviv – Kfar Saba with their teachers of Medicinska škola Osijek, Osijek, Croatia, (school and place): |
| **Information about travelling child** |  |
|  |
| Name: |  |
|  | *child’s full name* |  |
| Date and place of birth: |  |  |  |
|  | *dd/mm/yyyy* |  | *city, province/territory* |
| Number and date of issue of ID card: |  |  |  |
|  | *number* |  | *dd/mm/yyyy* |
| Issuing authority of ID card (if available): |  |
|  | *country where passport was issued* |
|  |
|  |
|  |
|  |
| **Information about accompanying person**  |  |
|  |
| This child has my consent to travel with the teacher: |
|  |
| Name: |  |
|  |  |
| Relationship to child: |  |
|  |  |
| Number and date of issue of ID card: |  |  |  |
|  | *number* |  | *dd/mm/yyyy* |
| Issuing authority of ID card: |  |
|  | *country where ID card was issued* |
| **Contact information during trip** |  |
|  |
| I give our consent for this child to travel to: |
|  |
| Destination(s): |  |
|  | *name of destination country / countries* |
| Travel dates: |  |
|  | *date of departure to date of return* |
| to stay with / at (if applicable) |  |
|  | *name of person with whom child will be staying* |
| at the following address(es) |  |
|  | *street address(es), city (cities)* |
|  |  |
|  |  |
|  | Kfar Saba, Tel Aviv ; Izrael |
|  | *province(s)/state(s), country (countries)* |
|  |  |
|  |
| **Signature(s) of person(s) giving consent** |
|  |
|  |
|
|
| *signature of person giving consent* |
|  |
| *dd/mm/yyyy* |
|
|
|

**Suglasnost roditelja za putovanje djeteta u inozemstvo**

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| --- |
| Nadležnim osobama, |
|  |
| Ja, |  |
|  | *ime roditelja koji daje pristanak*  |
| Adresa: |  |
|  | *ulica, kućni broj poštanski broj i grad* |
|  |  |
|  | *država* |
| Telefon i e-mail: |  |  |  |
|  | *telefon* |  | *e-mail* |
| Sam roditelj djeteta čije se podaci navode ispod, a koje putuje u Meir Medical Centar u Tel Aviv – Kfar Saba s nastavnikom strukovnih predmeta iz Medicinske škole Osijek u Osijeku |
| **Podaci o djetetu koje putuje** |  |
|  |
| Ime: |  |
|  | *Ime i prezime djeteta* |  |
| Datum i mjesto rođenja: |  |  |  |
|  | *dan/mjesec/godina* |  | *Grad i država* |
| Broj i datum izdavanja osobne iskaznice |  |  |  |
|  | *broj* |  | *dan/mjesec/godina* |
| Zemlja u kojoj je osobna iskaznica izdana: |  |
|  |  |
|  |
|  |
|  |
|  |
| **Podaci o osobi u pratnji** |  |
|  |
| Ovo dijete ima moj pristanak za putovanje sa sljedećom osobom u pratnji/nastavnicom: |
|  |
| Ime: |  |
|  |  |
| Veza s djetetom: |  |
|  |  |
| Broj i datum izdavanja osobne iskaznice: |  |  |  |
|  | *broj* |  | *Datum izdavanja* |
| Zemlja u kojoj je osobna iskaznica izdana: |  |
|  |  |
| **Kontakt podaci tijekom putovanja** |  |
|  |
| Dajem svoj pristanak da moje dijete putuje u: |
|  |
| Destinacija: |  |
|  | *Grad i država* |
| Datumi putovanja: |  |
|  | *Datum polaska – datum povratka* |
| Boravit će kod: |  |
|  | *name of person with whom child will be staying*  |
| Na sljedećoj adresi: |  |
|  | *street address(es), city (cities)* |
|  |  |
|  |  |
|  |  |
|  | *province(s)/state(s), country (countries)* |
|  |  |
|  |
| **Potpis osobe koja daje Suglasnost** |
|  |
|  |
|
|
| *Potpis osobe koja daje suglasnost* |
|  |
| *Dan/mjesec/godina* |