**Consent Letter for Children Travelling Abroad**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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* |