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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*FIRST AND LAST NAME, PERSONAL IDENTIFICATION NUMBER OF PARENT/GUARDIAN*),

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

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

participates in activities of Erasmus+ project: **Say no to addictions -**

**Number of the project: 2025-1-HR01-KA152-YOU-000305157**

which is implemented by **Zdravstvena škola Split** in the period

from **16th of October to 24th of October 2025.** in **Zagreb, Croatia**

Parent’s/guardian’s signature:

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

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

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