



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/children:

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

participates in activities of Erasmus+ project: **Under the Dome -**
Number of the project: 2025-1-HR01-KA152-YOU-000305462

which is implemented by **Medicinska škola Bjelovar** in the period

from **26th of October to 3rd of November 2025.** in **Zagreb, Croatia**

Parent/guardian signature:

In _____ (place)

Date: _____