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: **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:_____