







A01301013



26 bis rue Valmont de Bomare, 76100 Rouen, France : Tel : + 33 2 35 72 08 63  
Fax : + 33 2 35 72 08 64 : Mail : info@frenchinnormandy.com

### PARENTAL AUTHORISATION & TRANSFER OF RESPONSIBILITY

I, undersigned

Last name			
First name			
Address			
 Cell phone		 Home	
 Work			
 Email address			

Father                       Mother      of :

Last name	
First name	
Date of birth	
Address	
 Cell phone	
 Email address	
Allergies Health problems	
Insurance company	

authorise my child to take part in a French language and cultural course  
from  to  at FRENCH IN NORMANDY - Rouen

### Evenings out:

- I do not authorize my child to go out after evening meals  
 I want my children to go straight home after the end of classes
- I authorize my child to go out unaccompanied after the evening meal until .....pm  
*Please note that even with your permission, FRENCH IN NORMANDY expects underage students to be back in their host family at the latest by 23h00.*
- I authorize my child to go out after meals for evenings out organized & accompanied by FRENCH IN NORMANDY
- I authorize my child to go on Saturday's excursions organized & accompanied by FRENCH IN NORMANDY



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## General:

- I certify that I have full parental responsibility for my underage child.
- I certify that I have fully informed FRENCH IN NORMANDY of my child's treatments, illness or health problem.
- I release FRENCH IN NORMANDY and the family hosting my child from all responsibility resulting from an accident, an illness or other event taking place during my underage child's stay.
- I declare that I have taken out appropriate insurance for my child for this trip.
- I authorise FRENCH IN NORMANDY and/or the family hosting my child to take all necessary steps to provide medical attention (including any medical or surgical intervention) particularly in an emergency.
- I undertake to respect and ensure to comply the general terms & conditions of FRENCH IN NORMANDY (see attached), specifically those concerning unacceptable behavior that could lead with a dismissal of my child at my own expense.
- I authorize FRENCH IN NORMANDY to use all the pictures taken during the stay of my child for advertising purposes

## Date & place:

(please attach a copy of your passport or other formal identity document).

Signature.....