Parental Authorization

I, the undersigned, [Name and surname], born in [City of Birth], the day [date of birth], ID/Passport number [passport or identity card number]

As a parent of [Name and surname of the child], born in [City of Birth], the day [date of birth], ID/Passport number [passport or identity card number]

I authorize my son / daughter to participate in the Erasmus+ Project …………..., taking place in …………. from ………. to ………………..

I am aware that for the trip from ……… to ………… my son / daughter will be accompanied by Miss/Mr/Mrs …………….. and the tutor ……………………..

*(Attach a photocopy of the identity document of the parent indicated above)*

**Date:**

**Name and Surname:***(written in capital letters, name and surname of the parent who signs)*

**Signature**