



PARENTAL AUTHORISATION

Concerns: All members under 18 years old, even leaders or invited guest.

Contact details of the leader responsible for the group:

Name, surname:

Full address:

To be completed by the parent/guardian:

I the undersigned (name, surname):

father mother guardian guarantor

allow (name, surname)

to take part in activities with the Baladins – Louveteaux – Eclaireurs – Pionniers ⁽¹⁾

of the (unity code and full name)

The camp will take place from/...../.....to/...../.....

in

For this period:

- I place him/her under the authority and responsibility of the animators.
- I agree that, if needed, the medication included in the exhaustive list of medication in the health sheet may be administered.
- I agree that I transfer responsibility for my child to the person responsible for the holiday centre or its associated medical department during my child's stay, also for the treatments deemed necessary. I authorise the local doctor to take the decisions he feels to be urgent and indispensable to ensure the good health of my child, even if this pertains to surgical interventions, if I cannot be contacted personally.
- The leaders have informed me of the animation programme, including the activities organised and the trips to be made autonomously (e. g. patrol activities and trips).
- I allow him/her to leave the Belgian territory without his/her parents/guardian/guarantor⁽²⁾

Drawn up in on

Signature⁽³⁾

(1) Please cross out the inappropriate mention.
(2) Please cross this last sentence out if the camp takes place in Belgium.
(3) For the camps abroad, the signature has to be authenticated by the Civil Service.

