Inter-Actions
Développement & Action Sociale

Autorisation parentale

I, the undersigned, _____ (mother, father, guardian of the child), authorise my child, _____, to leave the EIMAB after-school care centre alone:

- o To go home alone on (day of the week) _____ at (time) _____
- Parents' place of work, on (day of the week) _____ at (time) _____
- Other _____

- To walk to the club alone on (day of the week) _____ at (time) _____
  Class/Training in _____

Contact person, responsible for courses or training:
Surname and first name: _____
Phone: _____

- To travel by Flexibus/Bummelbus on the following days and times:
  - Monday, at _____ — Return, at _____
  - Tuesday, at _____ — Return, at _____
  - Wednesday, at _____ — Return, at _____
  - Thursday, at _____ — Return, at _____
  - Friday, at _____ — Return, at _____

During the period from _____ to _____ during the school year _____

I declare that I assume all responsibility during these journeys (please initial here)

Date and
signature :_____

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