Parental authorization for third parties

Must be completed and submitted at the time of registration.

I, the undersigned, ...
(Surname and first name of the legal representative)

Legal representative of.....
(Child's first and last name)

Surname	First name	Relationship	Mobile number	The person picks up my child	The person is contacted in case of emergency

The person's identity card is required when collecting the child.

Remarks: .....

.....

Location ....., the .....

.....
Signature

Inter-Actions
Développement & Action Sociale