

Maison Relais Packatuffi

Maison 84 L-9768 Reuler

Formulaire SEA-11

+ 352 27800-602 inscription.rpac@elisabeth.lu rpac.elisabeth.lu

## PARENTAL AUTHORISATION

Autonomous journeys outside of the service

I, the undersigned	
hereby authorise my child	_ born on//
to go:	
alone from our home to the institution "Maison Relais Packatuffi" alone from the institution to our home alone from a club to the institution alone from the institution to a club alone via public bus to the institution (indicate bus route no. and time) alone via public bus to our home (indicate bus route no. and time) alone via "Bummelbus"	ime)
until revoked	
I hereby assume responsibility for my child during this absence and up ur their group. I am fully aware that my child's group will continue with their actime my child is absent. This may mean that the group leaves the institut the time my child arrives.	ctivities as normal during the
, date/	
signature o	of legal guardian

Maison Relais Packatuffi Agréments : SEAS 20220443, SEAS 20220442 RCS Luxembourg F 646 TVA LU 19394413 BCEE LU73 0019 7055 9138 3000

