

Maison Relais Packatuffi

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Parental authorisation
Autonomous journeys outside of the service

I, the undersigned _____
First name and Name of legal guardian

Hereby authorise my child _____
First name et Name of child

to make the following journeys independently:

Journey(s)	
<input type="checkbox"/> <u>alone from our home to the institution</u>	<input type="checkbox"/> <u>alone from the institution to our home</u>
<input type="checkbox"/> <u>alone from school to the institution</u>	<input type="checkbox"/> <u>alone from the institution to the school</u>
<input type="checkbox"/> <u>alone via public bus to the institution (nbr+time)</u>	<input type="checkbox"/> <u>alone via public bus to our home (nbr+time)</u>
<input type="checkbox"/> <u>alone from a club to the institution</u>	<input type="checkbox"/> <u>alone from the institution to a club</u>
<input type="checkbox"/> <u>alone via „Bummelbus“</u>	

Period of authorisation	
<input type="checkbox"/> <u>until revoked</u>	<input type="checkbox"/> <u>until the date of</u> _____ / _____ / _____
<input type="checkbox"/> <u>every day of the week</u>	<u>Motif :</u> _____
from _____ to _____ hour	_____
<input type="checkbox"/> <u>Only on the following days</u>	<u>Motif :</u> _____
<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	
<u>Time :</u> _____	_____

Declaration

I declare that I accept responsibility for my child during this absence until he/she has reported to a group leader. I am aware that my child's group will continue its normal activities during my child's absence. It is therefore possible that the group has planned an outing outside the institution and has not yet returned by the time my child returns.

Note:

Note :

Date :

Place :

Signature :