



PARENTAL/LEGAL GUARDIAN CONSENT FOR A MINOR'S PARTICIPATION IN A POLISH LANGUAGE PREPARATORY COURSE

1. I, the undersigned
Name and surname of a parent/legal guardian
- holding
ID/Passport series and number, document expiration date, country of issue
- residing at:
residential address, postal code, city
- contact details:
phone number, e-mail address
- give my consent for my child:
.....
Course participant's name and surname, date of birth

To participate in the Polish language preparatory course organized by the Pomeranian University in Słupsk, and I declare that I assume full responsibility for her/him during their stay in Poland.

2. * I authorize and transfer full care over my minor child during her/his stay in Poland for the duration of the Polish language course to:.....
Name and surname of the person authorized to care for the minor
- holding
ID/Passport series and number, document expiration date, country of issue
- residing at:
residential address, postal code, city
- contact details:
phone number, e-mail address
3. I am aware that Pomeranian University in Słupsk does not provide care for minors during the course.
4. I declare that all information provided in this document is true. I acknowledge and accept all the terms contained in the Course Regulations, the Application Form, and on the website of the Pomeranian University in Słupsk.
5. I/We confirm that the health condition of my child, for whom I am a parent/legal guardian, allows her/him to participate in the Polish language preparatory course.
6. I declare that I fully insure the child (health, accident - NNW, and personal liability – OC) on my own against any accidents, illnesses, unforeseen events, and medical expenses. At the same time,

I am fully liable for any damages caused by the child / a personal liability insurance policy has been purchased.

7. The consequences of concealing any information essential for a safe stay will be borne by the parents/legal guardians/the person assuming care of the child*, and they will be requested to immediately pick up the course participant.

.....
Place, date

.....
legible signature of the course participant

.....
Place, date

.....
legible signature(s) of the parent(s)/legal guardian(s)

.....
Place, date

.....
legible signature of the person assuming care*

* fill in if applicable; cross out if not applicable