



ESK Meldal vgs	Utenlandsreise med elever – tillatelse til legebehandling			
Tema: Systemdok	Dok.type: Plandokument	Dato: 27.11.2017	Sist revidert: 27.11.2017	Godkjenner: Øyvind Togstad

Guardians' Authorization

[Name of program/trip/placement]

[Destination of trip/placement]

[Date of the trip/placement]

Teachers in charge: [name of teachers]

..... hereby declare that:

As the legal guardian of: (pupil's name):

.....

Address :

- I allow my child's teachers [name of teachers] to take my child to the **doctor's** or to the **hospital** and have her/him treated or operated on if needed
- I allow the **doctor** chosen by the teachers to use a **total anaesthetic** if needs be and **operate** on my child.

Name of pupil:

.....

Nationality:

Date of birth:

Social security number (personnummer):

.....

Contact phone numbers in case of emergency

Guardian 1 (father, mother, other), Tel.:

Guardian 2 (father, mother, other), Tel.:

Date :

Signature :