



Hrvatska Edukacijska i Razvojna Mreža za Evoluciju Sporazumijevanja - HERMES

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### Parental Release Form

Name of ACTIVITY/EVENT:

Location:

Dates:

Please provide us with the following information regarding your child. All information is confidential and will be kept between two members of the organizing team, except in a case where they are obliged to share them for legal or emergency reasons (medical emergency, police inquiry about the participant or their travel etc.).

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

1. Please list any allergies your child has to food, medications, insects, or any other allergies. Please also list any dietary restrictions. If your child has no known allergies or special dietary requirements, please write none.

2. Please list any pre-existing medical conditions of your child, for example, asthma, hearing, ear infections, visions, fractures or sprains, diabetes, seizures, fainting spells, heart issues. If your child has no known pre-existing medical conditions, please write "none".

3. Please list any regular medications taken by your child. If they are not taking any, please write "none". Please note that HERMES staff is unable to dispense any kind of medication due to our children and youth safeguarding policy.



**Parental Release Form (continued)**

4. Please indicate you accept that your child's accommodation will be arranged by us. Please indicate you accept that your child shares a room with another child, most likely from a different country (owing to the international nature of the event), of the same gender.

Please read and grant the following releases individually, below. We ask your understanding for the fact that all of these releases, with the exception of the photography/video release, are conditional for your child's participation at the youth workshop/event. Remember to include your signature on the last page.

**PARENT or GUARDIAN AUTHORIZATION:** I hereby declare my child to be physically sound, having medical approval to participate in the activities of the "NAME OF ACTIVITY/EVENT". This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I further understand that neither HERMES nor any of its paid staff or volunteers can be held responsible in the event of an accident. Circle your chosen answer below:

Yes                      No

**TRANSPORTATION AGREEMENT:** I understand that my child may be using bus, plane or train transportation for the trip to and from the "NAME OF ACTIVITY/EVENT". I give permission for my child to travel by any of the above methods to and from the conference. I understand that my child might use public transportation in CITY WHERE ACTIVITY WILL BE HELD. I agree to release HERMES staff and organizers from any and all claims of damages, demands, or liabilities, which may arise as a result of my child's participation on these trips. Circle your chosen answer below:

Yes                      No



**Parental Release Form (continued)**

Furthermore, I authorize that my child has permission to move around in CITY WHERE ACTIVITY WILL BE HELD in his/her free time without the supervision of the staff members. Circle your chosen answer below:

Yes                      No

**EMERGENCY AUTHORIZATION:** I authorize any representative of HERMES to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. Circle your chosen answer below:

Yes                      No

**PHOTOGRAPHY/VIDEO AUTHORIZATION:** HERMES has my permission to use photographs/videos of my child in any promotional material.

Yes                      No

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Parent/Guardian Signature

Parent/Guardian Name (in capital letters): \_\_\_\_\_

Parent/Guardian mobile phone: \_\_\_\_\_

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Date

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Place