Authorization (valid for the whole school year ……./……)

for all the educational visits in the Municipality and its territory

*I (name / surname)* …………………………………………

*Father/Mother of the student* ………………………………………………………….

*attending the school year………………………….*

*In the Class…………………………*

*Of the school (school’s name)…………………………*

*AUTHORIZE*

My child to educational visits in the municipality district and I declare to relieve the school staff of responsibility for eventual accidents not dependent on theirs negligence under the law 312/80.

Date

*Signature*

*(of parents or who has parental authority)*

Traduzione realizzata con il Progetto FAMI LAB'IMPACT

[www.aziendaisola.it](http://www.aziendaisola.it) **Azienda Isola**

e pagina Facebook Labimpact ambito Isola Bergamasca