



Last name

First name

Place of Birth _____ ***Date of Birth*** _____

Address _____ ***n°*** _____

Postal Code _____ ***Comune*** _____ ***Province*** _____

In case of need, the following **phone contacts** are provided:

<i>FULL NAME</i>	<i>RELATIONSHIP / OTHER</i>	<i>PHONE NUMBER</i>

**RE-AUTHORIZATION FORM**
Summer Centers TRIESTE

The undersigned _____

declares to be ☐ parent ☐ guardian ☐ holder of parental responsibility

and

The undersigned _____

declares to be ☐ parent ☐ guardian ☐ holder of parental responsibility

of

(Child's full name) _____

authorize the educators to release their son/daughter at the end of activities exclusively to the following individuals:

(indicate the names of the authorized adults)

FULL NAME	ID DOCUMENT	RELATIONSHIP / OTHER

As specified in the information note pursuant to Art. 13 of the GDPR (General Data Protection Regulation), we remind you that the information contained in this form will be processed with maximum confidentiality and fairness.

Date, ____/____/____

Signatures
