

## CONSENT FORM

I undersigned:

Surname:	
First name:	
Date of birth:	
Address:	

Invested with the parental right on the minor:

Surname:	
First name:	
Date of birth:	
Address:	

In the quality of:

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Authorize the French Consular Authority to issue a visa to him/her to enter into the Schengen State where he/she will be accommodated by:

Surname:	
First name:	
Date of birth	
Address	
From:	
To:	
Motive of her/his stay:	

Moreover, in case of emergency of the above mentioned minor, I authorize the host to take the necessary measures concerning his/her health.

Did at:	Date:
Parent's signature:	

Did at:	Date:
Host's signature:	