

(place) (date)

CHILD CARE AUTHORISATION

I
(name and surname of parent/legal guardian)

residing in.....
(address of parent/legal guardian)

holder of identity card
(number)

being a parent/legal guardian, having the right to take care of:

.....
(name and surname of child)

.....
(the child's document number)

residing in
(child's address)

hereby grant hereby grant Mrs./Ms./.....
(name, surname and address of the authorised person)

holder of identity card
(number)

the authority to take care of and handle current and emergency matters related to the care of the
above-described child during their stay at Centrum Zdrowia i Wypoczynku IKAR,
78-100 Kołobrzeg, ul. Rodziewiczówny 24, in the following period

I am aware of criminal liability for making any false statement under Article 233(6) of the Polish
Criminal Code Act of 6 June 1997 (Article 233 of the Polish Criminal Code).

.....
(signature of parent/legal guardian)