**AUTHORISATION**

Pursuant to the Decree of the Ministry of Education of the Slovak Republic No. 306/2008 on Nursery Schools, as amended by the Decree of the Ministry of Education of the Slovak Republic No. 308/2009, Section 7(8), I authorize my other minor child (older than 10 years) or another person known to the pedagogical staff to collect the child from the nursery school, who is responsible for the child after collection. At the same time, I declare that as a parent/guardian I take full responsibility for the health and safety of my children. I insist on this statement even after the school has warned that it is a non-adult person.

**First name and surname of the child’s parents/ guardians:**

**Father**.............................................................................................................................................

Address:......................................................................................................................................

**Mother:**.........................................................................................................................................

Address:......................................................................................................................................

In the .......................... school year, for the collection of our child.........................................................., born................................, **we authorize** the following persons:

**Other persons:**

1. First name and surname......................................................... ID card No.: .........................................

Address....................................................................... Relationship to the child: ..............................

1. First name and surname......................................................... ID card No.: .........................................

Address....................................................................... Relationship to the child: ..............................

1. First name and surname......................................................... ID card No.: .........................................

Address....................................................................... Relationship to the child: ..............................

**Minor children:**

1. First name and surname................................................ Date of birth: ..........................

Address................................................................... Relationship to the child: .............................

1. First name and surname................................................... Date of birth: .................................

Address................................................................... Relationship to the child: .................................

In Košice on .................................. ........................................................

 Signature of the parent/guardian