**CONSENT FORM**

**Work Shadowing Visit to Schwäbisch Hall**

**20 to 27 October 2018**

Child’s name:

Place of birth:

Birthday:

Legal guardian’s name:

Address:

Telephone number:

I declare that my child has my consent to travel to Schwäbisch Hall, Germany, from 20 October to 27 October 2018.

I agree that my child might receive first aid or urgent medical treatment during the trip.

I agree that pictures might be taken of my child during the trip that might be published later on the website of the Goethe-Institut London or on social media accounts of the Goethe-Institut London.

Date:

Signature: