

**PLEASE NOTE: THE CONSENT GIVEN BELOW MUST BE CONFIRMED BY  
A NOTARY**

**CONSENT FOR A MINOR'S PARTICIPATION  
in the intensive program of Polish language and culture  
in the academic year 2023/2024**

**I hereby give permission for my child:**

.....  
*first and last name of the program participant, date of birth*

to take part in the intensive Polish language and culture program, organized by the Jagiellonian University's Institute of Polish Language and Culture for Foreigners, in Kraków during the period .....and declare that I take full responsibility for her/him during her/his stay in Poland.

I'm aware that the Jagiellonian University's Institute of Polish Language and Culture for Foreigners does not provide supervision of underage people during the program.

First and last name of the parents/legal guardian:

.....  
*ID/passport number and series, documents expiry date, country of issue*

Address

.....  
.....

Telephone number: ..... e-mail: .....

**I declare that all of the provide information is true. I accept and agree to all of the organizational requirements of the program contained in the Application Form as well as on the website of the Jagiellonian University's Institute of Polish Language and Culture for Foreigners (program description).**

**I hereby confirm that the health of the child of whom I am a parent/legal guardian allows she/he to participate in the intensive program of Polish language and culture. I declare that I will insure the child in terms of accident, disease and treatment costs, and random incidents on my own. I am fully responsible for damages caused by the child, and I will buy liability insurance.**

**The legal guardians will be held responsible for consequences arising from the withholding of information that is essential to the wellbeing of the participant during her/his stay and will be called upon to remove her/him from the program immediately.**

.....  
*city and date*

.....  
*legible signature of the program participant*

.....  
*city and date*

.....  
*legible signatures of the parents/legal guardians*

**GRANTING OF PERMISSION TO UNDERTAKE THE SUPERVISION AND CARE  
OF AN UNDERAGE PARTICIPANT**

**in the intensive Polish language and culture program  
in the academic year 2023/2024**

**We, the undersigned parents/legal guardians:**

**First and last name of the parents/legal guardian:**

.....

.....

*ID/passport number and series, document expiry date, country of issue*

**Address:**

.....

.....

**Telephone number:** ..... **e-mail:** .....

**grant permission to Mr./Ms.:**

.....

*first and last name of the person authorized to provide care for the underage person*

**Personal identification:**

.....

*ID/passport number and series, document expiry date, country of issue*

**Address in Poland:**

.....

**Telephone number(s):** ..... **e-mail:** .....

**To undertake custody our child:**

.....

*first and last name of the underage course participant, date of birth*

**during the entirety of intensive Polish language and culture program and to sign and collect documents prepared and issued within the program. The underage program participant during her/his stay in Poland will be under constant care of:**

.....

*first and last name of the person authorized to provide care for the underage person*

**This person will provide care for our child on our behalf.**

.....

*city and date*

*legible signatures of the parents/legal guardians*

## DECLARATION\*

**\*to be filled in by the person indicated by the parents/legal guardians at the time he/she takes custody of the child**

**I** .....  
*first and last name of the person authorized to provide care for the underage person*

**Prove my identity with:**

.....  
*ID/passport number and series, document expiry date, country of issue*

**I declare, in agreement with the parents/legal guardians**

.....  
*first and last name of the parents/ legal guardian*

**throughout the duration of the intensive Polish language and culture program  
I will undertake temporary custody of the child**

.....  
*first and last name of the underage course participant, date of birth*

**I agree to ensure the child's safety.**

.....  
*city and date*      *legible signature of the person undertaking custody of the child*

**I declare that all of the information provided above is true. I accept and agree to all of the organizational requirements of the program contained in the Application Form as well as on the website of the Jagiellonian University's Institute of Polish Language and Culture for Foreigners (program description).**

**I hereby confirm that the health of the child of whom I am a legal guardian allows she/he to participate in the intensive program of Polish language and culture.**

**I declare that I will insure the child in terms of accident, disease and treatment costs, and random incidents on my own. I am fully responsible for damages caused by the child, and I will buy liability insurance.**

**The legal guardians will be held responsible for consequences arising from the withholding of information that is essential to the wellbeing of the participant during his/her stay and will be called upon to remove her/him from the course immediately.**

.....  
*city and date*      *legible signature of the person undertaking custody of the child*