

Authorisation form for persons authorized to pick up a child occasionally
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I, the undersigned (*mother/father/tutor*) :

allow the following person (*surname, name of the authorized person*)* :

Nature of the relationship to the child: _____

Telephone number : _____

to pick up my child (*surname, name*) :

at : Maison Relais Bridel

on (*date of occasional day*) : _____

* to process and keep for the duration of the reception of the child concerned, the data that I provide in this form and to contact me to pick up the designated child in case of necessity (in particular in case of emergency) . For identification and security reasons, I enclose a copy of my identity card so that I can be recognized by the structure when picking up the child. I acknowledge having been informed that I can modify and rectify my data at any time, withdraw my consent and request the deletion of my data by contacting the structure.

Date _____

Signature (parent)

Signature (authorized person)

Please add a copy of the ID of the authorized person.