

**PARENTAL CONSENT FORM AND ASSUMPTION OF RESPONSIBILITY
FOR A MINOR**

This is to certify that

Mr.
(father's or legal guardian's name) (d.o.b. dd/mm/yyyy)

Mrs.
(mother's or legal guardian's name) (d.o.b.)

parents of the minor
(name) (d.o.b.)

allow their son/daughter to travel and stay in Italy

from to

The above named parents (or legal guardians) agree to pay for all the expenses incurred by the minor for his/her entire stay in Italy. They entrust said minor, for the above specified period, into the care of:

.....
(name of the person / institution responsible for the minor in Italy) (d.o.b.)

Date:

Father's signature

Mother's signature

ASSUMPTION OF RESPONSIBILITY FOR THE MINOR

The above mentioned person / representative of the institution agrees to take responsibility for the minor during his/her stay in Italy, and is aware of the civil and criminal penalties under the current Italian regulations.

Date
(Signature of the person responsible of the minor in Italy)

Signature and seal of the Notary Public: _____

The above-signed statement must be submitted to the Italian Consulate in Vancouver, BC, Canada along with a photocopy of valid photo ID of all parties concerned (parents and person responsible for the minor in Italy (passport – photocopy of main pages only)