

**AUTONOMOUS EXIT AUTHORIZATION
AND TEMPORARY / ANNUAL EXEMPTION**

1. Child's Identity

Name and surname:

Date of birth:

Activity / course / exam:

Registration number (if applicable):

2. Parent / Responsible Adult's Identity

Name and surname:

Relationship / status:

Address:

Primary phone:

Secondary phone:

Email address:

3. Type of Authorization (check the applicable box)

Temporary authorization — Period from: ___ / ___ / ___ to ___ / ___ / ___

Annual authorization — Valid from: ___ / ___ / ___ to ___ / ___ / ___ (renewable)

4. Scope of Authorization (check the options granted)

Join the parent/responsible adult at the exit of the CCFR: The child is authorized to leave the classroom or exam room alone to join the person designated above.

Leave the CCFR alone: The child is authorized to leave the CCFR premises alone, under the responsibility of their parents/responsible adults.

5. Pickup Arrangements (specify only one option)

The child will be picked up:

Inside the CCFR (classroom door / reception hall)

Outside the CCFR (specify exact location: street, meeting point):

6. Additional Instructions and Information

Person authorized to pick up the child (if different from the parent above):

Name and surname:

Relationship / status:

Address:

Primary phone:

Secondary phone:

Email address:

Allergies, medical treatments, relevant health information:

Authorization for emergency medical intervention: [] Yes [] No

If yes, specify instructions and the attending physician:

Name:

Phone:

7. Declaration and Limitation of Liability

I, the undersigned (*name of parent / responsible adult*): _____

declare that I authorize my child (*name of child*): _____

to benefit from the exemption checked above.

I acknowledge that the CCFR (teachers and staff) is responsible for my child only during the official duration of the course or exam in accordance with article 2.2 of the regulations. I understand and accept that the CCFR does not assume custody of the child outside official hours and may, in the absence of a parent or responsible adult at the end of the course or exam, alert the competent authorities if necessary. I undertake to immediately inform the CCFR of any changes to my contact details or the person authorized to pick up the child.

8. Duration and Revocation

Duration of the authorization: as indicated in section 3.

Revocation: the parent/responsible adult may revoke this authorization at any time in writing (email or letter delivered to reception). Revocation takes effect upon receipt by the CCFR.

9. Signatures

Done at: _____, on: ____ / ____ / ____

Name in capital letters: _____

Signature of parent / responsible adult: _____

10. Acknowledgment of Receipt by the CCFR (to be completed by the security post)

Received by (name of CCFR official): _____

Position: _____

Date and time of receipt: ____ / ____ / ____ — ____ : ____

Signature: _____

Annex: attach a copy of the parent/responsible adult's ID and, if applicable, a copy of the ID of the person authorized to pick up the child.