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|  | **Lietuvos skautija****Lithuanian Scouting** |
| **Tėvų leidimas vykti į skautišką renginį už Lietuvos Respublikos ribų**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*dokumento pasirašymo vieta ir data* | **Parental permission form for scouting events outside the Republic of Lithuania**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*place and date of signature* |
| Sutinku, kad mano sūnus/ dukra \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *vardas, pavardė, gimimo data*dalyvautų \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,*renginio pavadinimas*kuri(s) vyks | My son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *first name, last name, date of birth*has permission to partake in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*name of the event* |
| nuo: 20\_\_\_ m. \_\_\_\_\_\_\_\_\_\_\_ d. iki: 20\_\_\_ m. \_\_\_\_\_\_\_\_\_\_\_ d. šioje vietoje: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*valstybė, miestas, tikslesnė renginio vieta* | from: \_\_\_\_\_\_\_\_\_\_\_, 20\_\_ to: \_\_\_\_\_\_\_\_\_\_\_, 20\_\_ location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*country, city, address* |
| Sutinku, kad šio renginio metu, esant būtinybei, mano vaikui būtų suteikta pirmoji medicininė pagalba, ir, nepavykus susisiekti su tėvais, būtų tęsiamas gydymas. Sutinku, kad vadovas (-ė) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*vardas, pavardė, gimimo data*atstovautų man gydymo įstaigoje. | I hereby consent to first aid and continued emergency medical treatment that may be necessary during the period of this consent in a situation where I cannot be contacted. I authorise the following scout leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*first name, last name, date of birth*to represent me at a medical institution. |
| Dėl neatsakingo vaiko elgesio ir galimų traumų per renginį organizatoriams priekaištų neturėsiu. Įsipareigoju atlyginti tyčiniais ir aplaidžiais veiksmais padarytus nuostolius. | I will not hold the organisers responsible for traumas due to negligent behaviour by my child during the event. I consent to provide reimbursement for damage caused by deliberate and negligent behaviour. |
| *(prašome pažymėti tinkamus)** Sutinku, kad mano vaikas būtų fotografuojamas, filmuojamas.
* Sutinku, kad fotografuota ar filmuota medžiaga būtų naudojama Lietuvos skautijos ir/arba \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*partnerių organizacijos pavadinimas (jei yra)*veiklai pristatyti be atskiro mano sutikimo.
 | *(please mark all that apply)** I give permission that my child may be filmed and/or photographed during activities.
* I give permission that pictures and footage featuring my child may be used by Lithuanian Scouting and/or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *partner organisation (if applicable)*for promotion purposes without obtaining a separate permission.
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| *Prašome atsakyti į žemiau pateiktus klausimus apie Jūsų vaiką:*Mano vaikas alergiškas [ ]  Taip [ ]  Ne*Pastabos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Please provide the following information:*My child has allergies [ ]  Yes [ ]  No*Additional notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Mano vaikui leidžiama [ ]  Taip [ ]  Nemaudytis vandens telkinyje*Pastabos:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child has permission [ ]  Yes [ ]  Noto swim in the water outdoors*Additional notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mano vaikas gali dalyvauti [ ]  Taip [ ]  Nevisuose užsiėmimuose*Pastabos:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child has permission [ ]  Yes [ ]  Noto partake in all activities*Additional notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mano vaikas skiepytas nuo [ ]  Taip [ ]  Neerkių sukeliamų ligų*Pastabos:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child has been vaccinated [ ]  Yes [ ]  Noagainst tick borne diseases*Additional notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mano vaikas yra apdraustas [ ]  Taip [ ]  Nenuo nelaimingų atsitikimų*Pastabos:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child has accident insurance [ ]  Yes [ ]  No*Additional notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mano vaikas turi kišenpinigių [ ]  Taip [ ]  Ne*Pastabos:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child has pocket money [ ]  Yes [ ]  No*Additional notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mano vaikas vartoja vaistus, todėl įdedu jam reikalingų vaistų *(nurodykite vaistus ir kaip juos vartoti)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child is bringing the following medication with him *(please indicate the medication and how it is to be used):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Nurodykite, jei Jūsų vaikas serga viena iš šių ligų:*[ ]  Epilepsija [ ]  Bronchinė astma [ ]  Cukrinis diabetas | *Please indicate if your child has the following:*[ ]  Epilepsy [ ]  Asthma [ ]  Diabetes |
| *Kitos ligos, kurios reikalauja atidesnės priežiūros:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Other conditions in need of extra attention:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Nurodykite, jei dar ką nors turėtume žinoti apie Jūsų vaiką:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Please indicate anything else the leaders should know about your child:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Su dalyvavimo renginyje sąlygomis bei taisyklėmis susipažinau / I have been introduced to the terms and conditions and rules of the event |
| **Sutikimą davęs asmuo / Person providing consent** |  |
| Vardas, pavardė / First name, last name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Adresas / Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| El. pašto adresas / E-mail | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telefono numeris / Phone number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parašas / Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |