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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. |
| *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  Ne  maudytis vandens telkinyje  *Pastabos:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child has permission  Yes  No  to swim in the water outdoors  *Additional notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mano vaikas gali dalyvauti  Taip  Ne  visuose užsiėmimuose  *Pastabos:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child has permission  Yes  No  to partake in all activities  *Additional notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mano vaikas skiepytas nuo  Taip  Ne  erkių sukeliamų ligų  *Pastabos:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | My child has been vaccinated  Yes  No  against tick borne diseases  *Additional notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mano vaikas yra apdraustas  Taip  Ne  nuo 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |