LETTER OF AGREEMENT

I, the signatory……………………………… (Name of Parent/Custodian) of the student……………………… (Name and Surname of Student)………………………………………….of the……………………… grade of Lyceum of………………………………….. (School name), affirm that, after reading the rules of the Student Council, accept and agree for my son/daughter or ward to participate in the 3rd ACGMUN organized by Pierce – The American College of Greece, taking place from Friday 5th to Sunday 7th of April, 2019.

Home Address:

Parent/Custodian contact number:

E-mail:

Please complete the following questionnaire regarding any health problems that should be known to the responsible professors/teachers.

Does he/she have any allergies/diseases?

Does he/she have any allergies/diseases for which he/she takes medicine for?

If so, please note below the allergy/disease, the medication that needs to be taken, the immediate reaction of the responsible teachers and a further description of the symptoms, if necessary:

…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..…………………………………………………………………..

Name and contact number of his/her attending physician: …………………………………………………………………..

I, hereby affirm that in case that something unpleasant or any accident happens to my daughter/son or ward due to violation of the school’s or student council’s rules, or due to disobedience to the instructions from the responsible professors/teachers, the school and the responsible professors/teachers assume no liability/responsibility.

Name and Surname………………….

Signature……………………………………..