

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 4th ACGMUN organized by Pierce – The American College of Greece, taking
place from Saturday 4th to Sunday 5th of April, 2020.

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:

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Name and contact number of his/her attending physician:

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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.....