

....., on

CHILD CARE AUTHORISATION

I
(name of parent/legal guardian)

residing in
(address of parent/legal guardian)

holding ID card (series and number)

being a parent/legal guardian, having the right of custody of
(child's full name)

with PESEL numer.....

residing in
(child's address)

authorise Mr./Ms
(full name of person to be authorised)

residing in
(full name of person to be authorised)

holding ID card (series and number)

to provide care, manage day-to-day affairs and emergencies related to the care of the above-mentioned child during its stay in the hotel **Cottonina Hotel & Mineral SPA Resort in Świeradowie-Zdroju** on
(time span of the hotel stay)

At the same time, I declare that there is a degree of kinship between the person authorised to provide care and my child:
(state the degree of kinship)

I am aware of the criminal liability for making a false statement under Article 233 § 6 of the Act of 6 June 1997 – Penal Code.6

.....
(signature of parent/legal guardian)

3 Art. 233 of the Penal Code (extract) Whoever, in giving testimony which is to serve as evidence in court proceedings or other proceedings conducted on the basis of a law, gives false testimony or conceals the truth shall be subject to the penalty of deprivation of liberty for a term of between 6 months and 8 years. The provisions shall apply mutatis mutandis to a person who makes a false statement if a provision of the Act provides for the possibility of taking the statement under pain of criminal liability.