

For Nice

Immersion Abroad
MEDICAL RELEASE FORM

Please read and sign the release form below:

In case of medical emergency and inability to contact parents or guardians, I hereby give permission to the physician selected by Actilangue and Salvatore Della Cioppa to hospitalize and/or secure proper medical treatment for my son/daughter.

STUDENT'S NAME

PARENT/GUARDIAN SIGNATURE DATE

MEDICAL INSURANCE NAME AND POLICY #

For Salamanca

Immersion Abroad
MEDICAL RELEASE FORM

Please read and sign the release form below:

In case of medical emergency and inability to contact parents or guardians, I hereby give permission to the physician selected by Colegio Delibes and Salvatore Della cioppa to hospitalize and/or secure proper medical treatment for my son/daughter

STUDENT'S NAME

PARENT/GUARDIAN SIGNATURE DATE

MEDICAL INSURANCE NAME AND POLICY #