

## **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.

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STUDENT'S NAME

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PARENT/GUARDIAN SIGNATURE      DATE

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MEDICAL INSURANCE NAME AND POLICY #

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