

Travel and Medical Attention Consent Form Summer Program for High School Students: Barcelona

To whom it may concern:

I, _____, hereby authorize my child,
(Full Name of Parent or Legal Guardian)

or the child for whom I am legally responsible, _____,
(Child's Full Name)

born _____ to participate in Columbia University's Summer Program for High School Students: Barcelona,
(Child's Date of Birth)

and to travel under the program within Spain. I likewise authorize Columbia University Summer Program staff to seek medical attention for my child, or the child for whom I am legally responsible, should the need arise during his/her participation in the program. I understand that the program staff will contact me or my emergency contact designee as soon as possible after medical attention has been sought.

Signed: _____
(Signature of Parent or Legal Guardian)

Date: _____