



Juventud y Cultura
Todo en idiomas

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Todo en idiomas

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Álbum Familiar & Autorización médica

AUTORIZACIÓN MÉDICA

Nosotros como padres del alumno abajo firmante, autorizamos al coordinador local y a la familia anfitriona a dar su consentimiento para cualquier examen de Rayos X, anestesia, diagnósticos médico-quirúrgicos o cuidados hospitalarios que se aconsejen y realicen bajo supervisión general de cualquier médico o cirujano licenciado. Esta autorización será válida durante el programa completo de Juventud y Cultura en el que participa el estudiante.

MEDICAL RELEASE AUTHORIZATION

We, as parents of the undersigned student, do hereby authorize to the LOCAL COMMUNITY COUNSELOR and HOST FAMILY, as agents of the undersigned parents to consent to any X-ray examination, anaesthesia, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the clinic or said physician or surgeon or at a hospital.

It is understood that authorization is not given in advance any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his best judgement may deem advisable.

This authorization shall be valid for the entire duration of the program in which the shall be valid for the entire duration of the program in which the student is participating.

Nombre del estudiante/ Student name: Fecha/Date:

Firma del padre / madre / tutor
Parents Signature

Firma del estudiante /
Student Signature:

PRESENTACIÓN DEL ESTUDIANTE

Espacio destinado a la **carta en inglés** para la presentación del estudiante a la familia anfitriona.

Dear family:

ÁLBUM FAMILIAR / FAMILY ABUM

Espacio para fotografías de tu familia, de tu ciudad, amigos, etc.

