



AUTHORIZATION FORM SUMMER CAMP

Name

Surname

ARRIVAL AND DEPARTURE INFORMATION

Arrival date	Hour	Flight number	From
Departure date	Hour	Flight number	To

AUTHORIZATIONS

1. My daughter/son has the following health restrictions/allergies:
2. My daughter/son must regularly take the following medicines:
3. If your daughter/son cannot participate in one or more activities, please indicate them here:
4. My daughter/son is allowed to return home alone from the place where the activities ends, without having to return to school with the accompanying monitor.
Yes
No
5. My daughter/son is allowed not to attend the activities she/he does not want to (prior notice to the monitor one day in advance). If parents do not authorize her/him, the student must attend all the activities, without exception.
Yes
No
6. My daughter/son is allowed, outside of the general rules, to be unattended outside the host family house until _____ during the week and until _____ during weekends.

Informative note: Students arriving more than five minutes late will have to stay in a classroom until the end time of the activity.

I hereby certify that both my daughter/son and I, his/her legal guardian, have read the special safety and hygiene standards and recommendations for this summer regarding COVID-19 and agree with the specified conditions.

Name of legal guardian

Signature of legal guardian

Contact e-mail

Contact number