

PERMISSION FOR MEDICAL CARE - Form 11

In my capacity as parent/guardian of my son/daughter/ward, _____,
please print student's full name

I hereby authorize Carlos Aguado (INESLE Madrid) to sign for medical treatment of my child, to carry out the necessary procedures for diagnosis, immunization, medical treatment, and minor surgical treatment for my child/ward (from hereon referred to as "child") between the following dates:

From: June 20th, 2026

Until: July 04th, 2026

In rare instances, a medical or surgical emergency requiring treatment arises in which written consent by parents or guardians is legally required, but the proper person cannot be located. In this event, and in order to avoid delay that might jeopardize the life or recovery of a student, Carlos Aguado (INESLE Madrid), requests the following permission from parents or guardians, with the understanding that every effort will be made to contact you in an emergency.

I also hereby grant permission to the insurance physician or other physicians or surgeons to give necessary anesthesia and perform emergency medical or surgical procedures on my child in the event that the physician is unable to contact me when further delay might jeopardize life or impair recovery. In the event that my child receives treatment in another hospital or medical office, I also give that hospital or office permission to send copies of all medical records and lab/radiology reports to Carlos Aguado (INESLE Madrid) and to communicate my child's progress by telephone to health care providers at the hospital.

I also hereby grant permission to any Hospital in Spain or Physician service, to submit to and collect from my primary insurance company any and all appropriate charges that are incurred for services rendered at any of the above-mentioned facilities.

I also hereby grant permission for the release of any medical information necessary to process said claims for my child.

Signature of student _____ Date _____
(if 18 or older while at in Spain)

Signature of parent/guardian _____ Date _____

Please print name & relationship to student _____

Current address _____

Current telephone: Home _____ Work _____

Cell _____ Other _____

E-mail address _____

MEDICATION ALLERGIES

Child is allergic to the following medications: _____ () None

Child is taking the following medications: _____ () None

Child is diabetic, has other chronic condition or major illness: _____ () None

INESLE Madrid

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