Travel and Medical Attention Consent Form
The Barcelona Experience

The parent or legal guardian must sign two copies of this form, have the signature notarized on both copies, and return the forms to Columbia University by postal mail as soon as possible. We cannot guarantee your child's enrollment in the program until we are in receipt of these forms.

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 The Barcelona Experience, a Columbia University Summer Program for
(Child's Date of Birth)

High School Students, 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: _____ Date: _____
(Signature of Parent or Legal Guardian)

Notarization:

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