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CONSENT FOR TREATMENT/ACTIVITIES 2010-2011

This is to certify that the administrative staff of CBA Academy is being given authority by me,

_____ of _____ born on _____

(Print Name of Parent or Guardian)

(Print Name of Child)

(Child's Birth date)

to act on my behalf for any medical care, treatment (including Immunizations), and prescriptions reasonably necessary or medically advisable to maintain the life, health and well-being of my child. This includes, but is not limited to, first aid, prevention and care of injuries, follow-up care, and the taking of over-the-counter prescriptions that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and completion of: (1) legal authorization for treatment; (2) consultations; (3) emergency examinations; (4) consent for hospitalization; (5) anesthesia; (6) dental care; (7) treatment or surgery that may be deemed necessary by appropriate medical personnel; and (8) HIPPA.

Child's home address: _____

City: _____ **Zip:** _____ **Country:** _____

Home phone #: _____ **Cell #:** _____

(Please include country and city codes)

Work phone #: _____ **Fax #:** _____

(Please include country and city codes)

Email: _____

List any specific medical information (i.e. allergic reaction to certain drugs, medications) that a physician should be aware of when treating your child:

INSURANCE INFORMATION: *Note: In most instances, medical fees will be charged to your credit card. Medical providers typically do not use international insurances.

PLEASE PROVIDE A COPY of FRONT & BACK of CARD.

Insurance Company: _____

Name of Policy Holder: _____

Birth Date of Policy Holder _____ **Group/Policy #:** _____

Relationship to insured: _____

Insurance Company address: _____

OFF CAMPUS ACTIVITIES:

___ My child has permission to participate in all campus/off-campus supervised activities.

___ My child does not have permission to participate in any campus/off-campus supervised activities.

Parent's Signature: _____ Date: _____

Please send the Form by fax to +34.928.37.81.73 or by email to; info@cbacademy.org