

MEDICAL INFORMATION FORM

Parents/legal guardians are responsible for providing information about any health condition which may affect their child or other participants.

Name: _____

Illnesses:

Specify:

Allergies:

Unknown:

Allergic to: Food Medicines Others

Specify:

Diets:

Gluten Free Lactose Free Others

Specify:

Medical treatments:

During the stay, the student will not take any chronical medication

During the stay, the student will take medication

Specify:

Mental, emotional and social health:

Please specify whether the student suffers or has suffered from any illness such as:

Attention deficit disorder and hyperactivity

Depression

Eating disorder

Enuresis

Please specify whether the student will take medication for any of this illnesses during the stay:

Specify:

Dose:

Other illnesses/Comments:

- LAI has the right to refuse students that suffer pathologies for which LAI can not guarantee their total safety.
- LAI has the right to exclude the student or cancel their reservation, before or during the course date, if it is discovered that any information on this record is inaccurate due to omission or falsehood, therefore the participant would not be entitled to a refund for the amount paid to date; the student could be charged with all expenses incurred as a result of such circumstances.

I confirm that the information provided in this document is complete and true. I accept that LAI will not be responsible for any problem derived from any pathology not mentioned in this document.

Date:

Mother/Father/Legal Guardian's name:

Signature: