



**Parental authorization**

(Please fill out this document and send it signed to [hola@onspain.es](mailto:hola@onspain.es) or to the agent performing the booking)

Name of student.....

Course .....

Starting date .....

Mobile phone (student)+.....

Name of parent/legal guardian.....

Family Contact tel. no .....

We kindly ask you to please list any special needs of your son/daughter such as health problems, medical treatment, dietary restrictions, allergies or any other status (disability) that may affect the acceptance into the programme.

I have read the notes and information on the following pages of this document and agree that my son/daughter may participate on the above mentioned course under these conditions. I have provided full information about any special medical or dietary needs of my son/daughter.

Signature (Parent) .....Date .....

Signature (Student) .....Date .....