## MEDICAL APPROVAL TO PARTICIPATE INTO THE PURPAN SUMMER STUDY ABROAD PROGRAM

## TO WHOM IT MAY CONCERN

Name of the doctor:
Address:
Phone number:
This is to certify that the medical condition / health of (student's name)
allance biss/basta agent and field trips are alread according (in alredia agencytain bilding)
allows him/her to carry out field trips, weekend excursions (including mountain hiking),
and an internship on a farm.
Signature and seal:
<u>Date:</u>