

**MEDICAL APPROVAL TO TAKE PART IN THE
PURPAN SUMMER STUDY ABROAD PROGRAM**

TO WHOM IT MAY CONCERN

By the following letter, **Name and Position:**

Address:

Phone number:

state that the medical condition of :

allows him/her to carry out field trips, weekend excursions (including mountain hiking), and an internship on a farm or agri-related business.

Signature and seal: _____

Date: _____