





7. TO THE STUDENT: Please state any concerns you have, or any information you think would be helpful for the on-site staff to know about your emotional health and mechanisms for coping with new/stressful situations

8. Additional comments:

I duly consent that the information be shared by any and all PRESHCO personnel in the USA and in Spain as necessary during the period of my participation in the program.

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Signature of student

Date

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Printed name of mental health professional

Date

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Signature of mental health professional