

Section B. MEDICAL AUTHORIZATION: In the event of any illness or injury while participating in the activity listed in Section A, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

Participant's Name (Please Print) Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant _____
Date

Participant's Medical Insurance Carrier Policy #

Medical Insurance Carrier Address Medical Insurance Carrier Phone

PRIMARY CONTACT in the event of illness, accident, or other emergencies, please notify:

Name (Please Print) Address Phone #

ADDITIONAL EMERGENCY CONTACT INFORMATION:

Name (Please Print) Address Phone #

Name (Please Print) Address Phone #

Medical Condition: Check here if you have a special medical condition and attach a description of that condition to this sheet.

Section C. MINOR (For students under 18 years of age, the parent or guardian completes this section in addition to Sections A and B.)

_____ has my permission to participate in the activity listed in Section A.
Participating Minor's Printed Name

Check here if there are no medical conditions that the staff should be aware of and if your son/ daughter is not required to use any drugs during this activity.

AND/OR

Drugs: Check here if your son/daughter must take any drugs during the excursion/field trip and list them on this form or hereto attached. All drugs, except those which must be kept on the minor's person for emergency use, must be kept and distributed by District/College staff.

Name of drug and reason for use

I have read, understand and agree to all provisions of Section A.Waiver, Section B. Medical Authorization, and Section C. Minor as related to my son/daughter's participation in this activity.

Parent/Guardian Printed Name Parent/Guardian Signature _____
Date

Address Phone # Son's/Daughter's Date of Birth

After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising FT Academic/Mgr. Employee listed in Section A.

Signature of College Administrator Approving Completed Form (Associate Dean of Student Life) _____
Date