



**SAN LUIS OBISPO COUNTY COMMUNITY COLLEGE DISTRICT
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT – MINORS
(For Use With Waiver of Liability, Assumption of Risk and Indemnity/Hold Harmless)**

ACTIVITY:	_____
FACILITY	_____

This Authorization for Emergency Medical Treatment – Minors is in connection with the participation in the Activity at the facility of the San Luis Obispo County Community College District by a person under the age of eighteen (18) (“Minor Participant”).

1. Minor Participant:

Name:	_____	_____
	(Last Name)	(First Name)
		(Middle Name Initial)
Birth Date:	_____	_____
	(Month)	(Day) (Year)
Student ID No.	_____	
Health Insurance Carrier Name and Policy Number:	_____	
Emergency Contact Telephone Numbers (mobile/cell phone preferred)		
<u>Contact No. 1</u>	<u>Contact No. 2</u>	
() _____	() _____	
Relationship to Minor Participant:	Relationship to Minor Participant:	
_____	_____	

2. Parent/Legal Guardian of Minor Participant:

Name:	_____	_____
	(Last Name)	(First Name)
		(Middle Name Initial)
Parent/Legal Guardian Contact Telephone Number (mobile/cell phone preferred):	() _____	

3. Parent/Legal Guardian Certification. I am the parent or legal guardian of the Minor Participant. I have authorized the Minor Participant to participate in the Activity at the Facility by executing on behalf of myself and the Minor Participant the Release, Waiver of Liability, Assumption of Risk and Indemnity/Hold Harmless for participation of the Minor Participant in the Activity.
4. Parent/Legal Guardian Authorization. If the Minor Participant sustains an injury or illness reasonably requiring immediate medical attention, I authorize San Luis Obispo County Community College District and its employees, officers and/or agents (collectively “District”) obtain emergency medical treatment for the Minor Participant. I understand that such emergency medical treatment may include, but not be limited to, medical or dental treatment, including x-rays, examination, anesthetic, the administration of medication, medical or surgical diagnosis or treatment and/or hospital care for such injury or illness. I understand any emergency medical services will be obtained by the District from third parties. I understand that I am responsible for charges, fees, expenses or other costs arising out of related to emergency medical treatment provide to the Minor Participant. I agree to indemnify the District from claims for emergency medical treatment charges, fees, expenses or other costs.
5. Release. On behalf of myself as the parent/legal guardian of the Minor Participant and on behalf of the Minor Participant, we collectively release and agree not to assert any claim in any forum or in any jurisdiction against the District: (i) for obtaining or not obtaining emergency medical services for the Minor Participant; (ii) arising out of or related to the Minor Participant’s participation in the Activity; (iii) for any loss or damages which arise out of in any manner injury, sickness or illness sustained by the Minor by participation in the Activity; and (iv) for charges, fees, expenses or other costs arising out of related to emergency medical treatment obtained by the District for the Minor Participant.

Parent or Legal Guardian Signature

Name of Parent or Legal Guardian (Printed or Typed)

Date