



CONTRA COSTA COLLEGE

Contra Costa Community College
2600 Mission Bell Dr.
San Pablo, CA. 94806

CONTRA COSTA COLLEGE CODE OF CONDUCT AGREEMENT

Name: _____ Student ID: _____

Address: _____ Phone: _____

Event: _____ Date(s): _____

I understand that I am attending this fieldtrip as a representative of my Contra Costa College and that my expenses are paid in part by the college. I understand that I am expected to conduct myself in a responsible manner and agree to the following:

- ✓ I am currently enrolled at Contra Costa College.
- ✓ No unauthorized personal vehicles are permitted to be driven without the approval of the staff.
- ✓ I am aware that the California State Education Code and the policies of the Contra Costa Community College District prohibit possession or use of alcoholic beverages or any controlled substance during the college function, regardless of attendee's age. (Prescriptions should be registered when turning in your application, for your own protection).
- ✓ I understand that no inappropriate behavior will be permitted, nor any behavior that would endanger the undersigned or others. I also understand that I am responsible for any damages I cause to any facility while attending this conference.
- ✓ I agree I will not invite any outside visitors to participate in program activities without having obtained prior approval from my advisor.
- ✓ I understand that this activity is an official college field trip and that I am required to attend all possible work sessions.
- ✓ I understand that any infraction may result in possible disciplinary action and may result in immediate dismissal from the activities and that I will then become responsible for making other arrangements for my return to the college.
- ✓ All participants must stay within the designated areas announced.
- ✓ Any exceptions must be approved by the advisor one (1) week prior to the event date.
- ✓ I understand that if any of the aforementioned conditions are broken, I will be removed from the program activities and placed under observation by a member of the college staff and disciplinary action according to Contra Costa College Student Discipline and Suspension guidelines will be enforced.

By signing this form, I understand that I must abide by this Code of Conduct Attendance Agreement Form and must turn it in by _____, before the time of departure for the trip.

Student Signature: _____ Date: _____



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Contra Costa Community College District Contra Costa College

MEDICAL CONSENT

In the event of any medical emergency, I grant to Contra Costa Community College or any of its representatives on the trip the full authority to take any action deemed necessary to protect my health and safety at my expense, including but not limited to, placing the Participant under the care of a doctor or in a hospital at any place for medical examination and/or treatment, or returning the Participant to their home city at his or her own expense if such return is deemed necessary after consultation with medical authorities.

Name of Student: _____

(Initial one of the following statements):

_____ I am 18 years of age or older and am the participant.

My birth date is: _____

_____ I am the parent or legal guardian of participant who is under 18 years of age to whom the above statements apply and for the benefit, I am executing this Agreement.

I have read the consent agreement and I understand its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Participant or Participant's Parent or Legal Guardian

Date

Print Name of Signatory

Address

Student ID#

Phone #

Contra Costa Community College

In case of emergency, please contact:

Relationship: _____

Phone #: _____

Medical Insurance Carrier: _____

Policy #: _____

List medical conditions (i.e. diabetes, epilepsy) along with any prescription medications that you are currently taking:

List all allergies (i.e. bee sting, food, medication, and other): _____