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

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 of 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): _____