Print Form

MORENO VALLEY COLLEGE
RIVERSIDE COMMUNITY COLLEGE DISTRICT
MEDICAL CONSENT FORM

PRINT THE FOLLOWING INFORMATION

Participant's Name: _____ Student ID #: _____

Street Address: _____ Home Phone#: ( ) _____- _____
Cellular Phone # ( ) _____ - _____

City: _____ Date of Birth: _____- _____-_____

Zip Code: _____ E-Mail: _____

Emergency Contact

Name: _____

Relationship: _____

Phone #: ( )_____-_____

Medical Insurance Information

Carrier /Name: _____

Policy #: _____

Group #: _____

Phone #: ( ) _____-_____

List known allergies: _____

List any Prescription Medication: _____

List any medical conditioning requiring special needs: _____

Please Read Carefully

In the event of any medical emergency, I grant to the 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 expense if such return is deemed necessary after consultation with medical authorities.

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 the participant who is under 18 years of age to whom the above statements apply and for whose benefit I am executing this agreement.

I have read this consent 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**

_____ _____
Witness **Date**