

**Contra Costa Community College District  
Contra Costa Community 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 whose 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 you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_

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