



San Diego Community College District
Student Travel
Medical Consent Form

In the event of any medical emergency, I grant San Diego Community College District, including City, Mesa and Miramar College, and Continuing Education, or any of its representatives the full authority (at my expense) to take any action deemed necessary to protect my health and safety. This includes, but is not limited to, placing me under the care of a doctor, in a hospital, or returning me to my home city if deemed necessary after consultation with medical authorities.

Name of Participant: Student ID Number: (PRINT)

Please check one of the following statements:

- I am 18-years-of-age or older. My date of birth is:
I am the parent or legal guardian of the participant who is under 18-years-of-age to whom the above statement applies and for whose benefit I am executing this medical consent.

In case of emergency please contact: Name/Relationship

E-mail: Telephone:

Medical Insurance Carrier: Policy Number:

Please list any prescription medication that you must take while at the off-campus activity:

Has your physician approved your ability to travel under this prescribed medication?

- Yes
No

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 Parent/Legal Guardian:

Name of Signatory: Date: (PRINT)

E-mail: Telephone:

NOTE: Submit completed consent to the instructor/advisor responsible for travel

Instructor: A copy shall be maintained by the advisor during travel