



## MEDICAL CONSENT

In the event of a 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/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

\_\_\_\_\_  
Student I.D. #

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

In case of an emergency please contact \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please list any prescription medication: \_\_\_\_\_

\_\_\_\_\_