



MEDICAL AUTHORIZATION - MINOR ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED

IF ALL INFORMATION IS NOT PROVIDED, THE FORM WILL BE RETURNED TO YOU; YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THIS ACTIVITY UNTIL THE COMPLETED FORM IS RETURNED.

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand that I hold the Siskiyou Joint Community College District, its officers, agents, employees and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my child's voluntary participation in the following activity.

Activity: 2024 Summer Jazz & Show Choir Camp Location: Kenneth W. Ford Theater, College of the Siskiyou 800 College Ave, Weed, CA 96094 Date(s): Sunday June 23, 2024 through Saturday June 29, 2024 Time: All day, multiple days Additional Information: Sponsored by College of the Siskiyou Music Department, Ron Slabbinck, Camp Director

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the participant.

I fully understand that participants are to abide by all rules and regulations governing conduct during the activity. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

_____ has my permission to participate in the above described voluntary activity(ies): Participant Printed Name

Parent/Guardian Signature Date Participant Signature (if applicable) Date

Parent/Guardian Printed Name Participant Date of Birth

Address City State Zip Best Contact Phone #

Medical Insurance Carrier Policy No. Address Phone #

Parent/Guardian of Minor:

Check here if there are no special medical needs that the staff should be aware of and no medications are required for this activity.

Check here if your son/daughter will be required to take medication while participating in this activity.

All medications must be registered on this form; All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;

If any medications are to be taken by the student, list name of the medication(s) and reason(s) here:

Four horizontal lines for listing medications and reasons.

If your son/daughter has any special medical needs, please attach a description to this sheet.

cc: Instructor/Driver