



# Administrative Services

530-938-5220

## MEDICAL AUTHORIZATION – MINOR

### ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED!

***If you do not provide all information, the form will be returned to you. You will not be allowed to participate in this activity until the form is returned completed.***

\_\_\_\_\_ has my permission to participate in the following  
Name of Participant \_\_\_\_\_

voluntary activity: **Siskiyous Eagles Soccer Camp, Monday, June 18, 2018 through Friday, June 22, 2018 from 9 a.m. to 12 noon at College of the Siskiyous, Weed, California. Sponsored by the Siskiyous' Soccer Teams.**

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.

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand that I hold the Siskiyous 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 participation in this activity.

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

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Insurance Carrier Policy No. Address

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3) (\_\_\_\_\_) Check here if there are no special problems that the staff should be aware of and no drugs are required during the activity; (4) If any medication or drugs are to be taken by the student, list them here: (Name of drug and Reason) \_\_\_\_\_

If your son/daughter has a special medical problem, kindly attach a description of that problem to this sheet.

c: Instructor