



San Diego Community College District

# STUDENT TRAVEL MEDICAL CONSENT FORM

In the event of any medical emergency, I grant to San Diego Community College District, City, Mesa or 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 or in a hospital or returning me to my home city if deemed necessary after consultation with medical authorities.

Name of Participant: \_\_\_\_\_ CSID #: \_\_\_\_\_

Please check one of the following statements:

I am 18 years of age or older. 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 statement applies and for whose benefit I am executing this Medical Consent.

In case of emergency please contact: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any prescription medication that you must take while at conference:

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 Date

\_\_\_\_\_  
Print Name of Signatory E-mail Address/Phone Number

**Note:** A copy shall be maintained by the advisor during travel.