



Modesto Junior College
TRIO Student Support Services Program
Medical Consent

In the event of any medical emergency while involved in program activities with the TRIO Student Support Services Program, Modesto Junior College or any of its representatives is given the full authority to take action to protect the health and safety of the MJC student named below. Such treatment may include, but not be limited to placing the student under the care of a doctor or in a hospital for medical examination and/or treatment, or in returning the student to their home if such a return is deemed necessary after consultation with medical authorities. Any expenses required for the student's health and safety are to be paid by the student or the student's parent/legal guardian.

Name of Student: _____

(Initial one of the following statements):

_____ I am an 18 year old MJC student. My birth date is: _____

_____ I am a parent/legal guardian of MJC student who is under 18 years of age whom the above statements apply and for whose benefit I am executing this agreement.

IN CASE OF EMERGENCY

Doctor Name(s): _____ Phone # _____

Emergency Contact Name: _____ Phone # _____

Medical Insurance Carrier: _____ Policy # _____

Allergies to drugs, food, other: _____

Please list any prescription medicines: _____

SIGNATURES

I have read this consent and understand the terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Student/Parent or legal guardian

Date

Print name of Signatory

Address

Student w#

Cell Phone #

City, State, Zip Code