

# Santa Rosa Junior College

## Activity Notice and Medical Authorization - Minor

Dear Parent/Guardian:

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

Location: \_\_\_\_\_ Date & Time: \_\_\_\_\_

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 judgement 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. Resulting expenses are the responsibility of the undersigned parent/guardian.

As stated in California Code of Regulation, Subchapter 5, Section 55450, I understand that I hold Sonoma County Junior College District, its officers, agents and employees harmless from any and all liability or claims, which arise out of or in connection with my son's/daughter's participation in this activity.

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

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's 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, except those which must be kept on the participant'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 while participating; (4) If any medication or drugs are to be taken by participant, list them here; (name of drug & reason)

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