

**MEDICAL CONSENT
RIVERSIDE COMMUNITY COLLEGE
MORENO VALLEY CAMPUS**

PRINT THE FOLLOWING INFORMATION

Participant's Name: _____ Social Security#: _____ - _____ - _____

Street Address: _____ Home Phone#: () _____ - _____

City: _____ Date of Birth: _____ - _____ - _____

Zip Code: _____

Emergency Contact

Medical Insurance Information

Name: _____

Carrier: _____

Relationship: _____

Policy #: _____

Phone #: () _____ - _____

Group #: _____

Phone #: () _____ - _____

List known allergies: _____

List any Prescription Medication: _____

List any medical conditioning requiring special needs: _____

Please Read Carefully

In the event of any medical emergency, I grant to the college or any of its representatives on the excursion, the full authority to take any action deemed necessary to protect my health and safety at my expense, including but not limited to, placing the Participant under the care of a doctor or in a hospital at any place for medical examination and/or treatment, or returning the Participant to their home city at his or her expense if such return is deemed necessary after consultation with medical authorities.

Initial one of the following statements:

_____ I am 18 years of age or older and am the Participant.

_____ I am the parent or legal guardian of the Participant who is under 18 years of age to whom the above statements apply and for whose benefit I am executing this agreement.

Signature

Date

Witness

Date