

Orange Coast College Community Education

Kids College Release and Medical Consent Form

(Participating Minors)

Registration for this Program cannot be completed without the parent or guardian signature.



(Minor Student's Name) _____

(Date of Birth) _____ (Age) _____

I, _____ (Parent) hereby provide written permission for my minor child ("Student") to participate in the Orange Coast College Community Education Kids College Programs ("Program"). Parent agrees to accept full responsibility for delivering the Student to the Program at the appointed hour and for picking up the Student at the conclusion of each Program session. Parent agrees to hold harmless the Coast Community College District, its trustees, officers, employees, agents, and Orange Coast College from any and all claims of liability for personal injury or property damage arising out of or related to the Student's participation in the Program. Parent expressly acknowledges that the Coast Community College District, its trustees, officers, employees, agents, and Orange Coast College will not be held responsible for the health, safety, or welfare of the student while en route to, or returning from, any Program activity offered as a part of the Program.

Parent agrees to permit photographs to be taken of Student during Student's participation in the OCC Community Education Kids College Program. Any photographs will be used only for Program promotional purposes.

Parent understands the college does not provide any health or medical insurance for Students in the Program.

Consent is hereby given to the Kids College instructors/trainers and/or supervisors/assistants to provide first responder medical aid as they deem reasonably necessary in the case of any emergency involving Student. I am aware that Orange Coast College is not an elementary or secondary school environment where there may be a principal on duty. A responsible adult (over 18) must accompany the Student to the assigned classroom and stay until it is announced that the class has started. The Student must be picked up promptly after the class has ended.

Signature of Parent/Guardian

Date

In the event of illness or injury, notify the following person, if parents cannot be reached, Please provide the information for a secondary contact including name, work, home and cell phone numbers:

Name: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____