

RCCD Emergency Information

Name: _____ Student ID #: _____
Email #: _____
Address: _____ CELL Phone #: _____
City, State _____ Other Phone #: _____
Zip _____ Date of Birth: _____

In Case of an Emergency Contact: _____ Insurance Policy: _____
Print Name: _____ Name: _____
Relationship: _____ Policy #: _____
Phone #: _____ Group #: _____

Any Known Allergies: _____
Any Medical Condition Requiring Special Needs: _____

Medical Consent

In the event of any medical emergency, I grant to the college or any of its representatives on the trip 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 own 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. My birth date is _____.

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

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

Signature of Participant or Participant's Parent or Legal Guardian _____ Date _____