



COLUMBIA BASIN COLLEGE
MEDICAL CONSENT

For Students Participating in Field Trips and/or College Activities

I, _____ and _____,
(Print Student's Name) (Parent of student under the age of eighteen),

hereby grant Columbia Basin College authority to consent to medical treatment on: (Print Student's name)
_____ 's behalf should the above named student become injured
or otherwise incapacitated during a field trip or activity associated with the College.

The College may hereby make any arrangements that are appropriate and in the best interests of the student
named and referenced above upon his/her injury and incapacitation, for the above named student's
emergency medical, surgical or dental care;

To give consent in my name to any and all types of medical treatment or procedures, dental treatment or
procedures or surgical procedures for the above referenced student;

To give consent in my name to the disclosure of any confidential or privileged communication or
information related to the rendering of any care for the above referenced student;

To employ physicians, surgeons, nurses, dentists, or any other individual or institution necessary in
order to render the above referenced student, any of the types of care authorized by this Medical Consent.

A photocopy of this instrument shall be deemed an original for all purposes.

THIS MEDICAL CONSENT FORM EXPIRES : _____.

If any part of this Medical Consent Form is held to be invalid under any law, the remainder of this
instrument shall not be affected by such invalidity.

IN WITNESS WHEREOF, I have executed this Medical Consent Form on _____, 200__.

Student's Signature / (Print Name) Date

Signature of Parent or Legal Guardian / (Print Name) Date
Of Student Under the Age of Eighteen

APPROVED AS TO FORM: ATTORNEY GENERAL'S OFFICE
July, 2005