

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 18),

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 : 7/30/10

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 _____, 2010.

Student's Signature (Print Name) Date

Signature of Parent or Legal Guardian (Print Name) Date
if Participant is Under 18 Years of Age