

**AUTHORIZATION TO RENDER EMERGENCY MEDICAL CARE**

---

---

STUDENT NAME	FIRST	LAST	SID
--------------	-------	------	-----

I, \_\_\_\_\_ hereby authorize any licensed medical emergency team to administer and/or transport to a medical facility for future treatment by a licensed physician if a medical emergency arises while I am attending classes as a student at Mt. Sierra College.

This medical emergency authorization is effective during my hours as a student at Mt. Sierra College and for my length of stay as a student.

I understand that fees incurred for such emergency treatment or services will be my responsibility. The school has an obligation to assist me in an emergency health crisis during the hours of study at Mt. Sierra College.

Existing medical conditions such as drug allergies, seizure, etc, are:

---

---

---

**PLEASE PRINT**

---

RELATIVE TO NOTIFY	RELATIONSHIP	PHONE
--------------------	--------------	-------

---

FRIEND TO NOTIFY	PHONE
------------------	-------

---

INSURANCE COMPANY

[  ] COPY OF INSURANCE CARD ATTACHED

---

ADDRESS	PHONE
---------	-------

---

TYPE OF COVERAGE	POLICY#
------------------	---------

---

PHYSICIAN NAME

---

ADDRESS	PHONE
---------	-------

---

CITY	STATE	ZIP
------	-------	-----

---

STUDENT SIGNATURE	DATE
-------------------	------