



# Continuing Education Course Permission/Waiver Form

## San Jacinto College

To be completed by Parent/Legal Guardian of all students under 18 years of age.

This form must be completed, signed and given to the Office of Continuing Education prior to the beginning of instruction.

### PARENT'S PERMISSION

My child, \_\_\_\_\_, has my permission to participate in the San Jacinto College Continuing Education class.

Class name \_\_\_\_\_ Dates \_\_\_\_\_

### EMERGENCY CONTACT

Contact #1

Contact #2

Name \_\_\_\_\_

Telephone Home ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship to Student Parent/Guardian Relative Friend Parent/Guardian Relative Friend  
(Circle one)

### MEDICAL INFORMATION (Attach extra pages if necessary)

1. Describe all prescription medications or special medical care your child requires. If none, write NONE.

\_\_\_\_\_

2. Describe all medications to which your child is allergic. If none, write NONE.

\_\_\_\_\_

3. Describe all other allergies (including food) or special medical conditions. If none, write NONE.

\_\_\_\_\_

4. Provide name, city, and telephone number of the child's physician.

\_\_\_\_\_

5. Is the child covered under a medical/hospitalization insurance plan? If no, write NONE; if yes, provide the following information:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Employer/Group Name \_\_\_\_\_

In the event of a serious medical emergency, I authorize San Jacinto College, its employees, and/or agents (collectively "the College") to secure medical transportation or treatment on my child's behalf. I understand that the College is not required to obtain medical transportation or care for him/her. I understand that the College will attempt to contact one of the individuals I have designated as an emergency contact. I authorize the college to release the information on this form to health care providers for the purpose of securing health care services for the child. I understand and agree that I am responsible for all expenses, fees, or costs incurred as a result of the medical transportation or care secured for my child by the College. I understand and agree that the college is not liable for any injury or damages that may occur as a result of medical treatment that the child may receive.

The undersigned parent or legal guardian does hereby execute this release, waiver and indemnification for the child and his/her heirs, successors, representatives and assigns; and hereby agrees and represents as follows:

To release San Jacinto College, its members, employees, agents, representatives and other organizations affiliated with this course from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the course referred to above, it being specifically understood that said course may include the operation and use by the undersigned participant and others of equipment or machines. **Parents/Legal guardians of children in Kids/Teen College/Home School courses are advised to read and follow the procedures outlined in the Letter to Parents.** The undersigned further agrees to indemnify San Jacinto College, its employees, members, agents, representatives and other organizations affiliated with this course and hold them harmless for any liability, loss, damage, cost, claim, judgment or settlement which may be brought or entered against them as a result of the undersigned's participation in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably withheld.

I HAVE CAREFULLY READ THIS PERMISSION/WAIVER RELEASE AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.

\_\_\_\_\_  
Signature of parent or legal guardian  
if participant is under the age of 18 years.

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date