

MEDICAL CONSENT FORM
(Required for ASOCC-Funded Conference/Field Trips)

Name of Participant	OCC ID Number	Representing Club/Organization
Complete Address of Participant	Name of Advisor	
Phone Number of Participant	Phone Number of Advisor	
Date of Conference/Activity	Location of Conference/Activity	

I, the undersigned, ("Student/Participant") wish to (and if under 18 years of age also my parent or guardian authorize my son/daughter to) participate in the above District-sponsored activity (hereinafter "Activity").

In order that I, my daughter/son may receive the necessary medical treatment in the event of an emergency whereby I, she/he may sustain injury or illness during participation in this activity, I authorize any school official to consent to and obtain necessary medical treatment, including x-rays, examination anesthetic, medical or surgical diagnosis or treatment or hospital care for such an injury or illness during the activity and I hereby release, discharge, indemnify and agree to hold District, District's governing board and college and each of their trustees, employees, agents, coaches, teachers, volunteers, and representative harmless in the exercise of such authority. I further hereby acknowledge that neither the District nor any of the persons named above have any obligation to seek such treatment.

Should the need arise, the following information may be given to any health care provider:

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

Date	Signature of Participant	Signature of Parent and/or Legal Guardian (if participant is under the age of 18)
		Print Name of Parent and/or Legal Guardian

Emergency Contacts:

Name of Contact	Day Phone Number and Evening Phone Number
Name of Contact	Day Phone Number and Evening Phone Number

Medical Insurance Carrier	Doctor
Policy Number, Contact Name and Phone Number	

Please list any medical conditions of the above student (asthma, diabetes, epilepsy, etc.). If none, please write "None":

Please list any allergies or allergic reactions to medications of the above student. If none, please write "None":

Please list any medications the above student is now taking. If none, please write "None":

Date of student's most recent tetanus shot: _____

(Please complete both sides of this form)

ASSOCIATED STUDENTS OF ORANGE COAST COLLEGE
CONFERENCE ATTENDANCE AGREEMENT
(Required for ASOCC-Funded Conference/Field Trips)

I understand that I am attending this conference as a representative of Orange Coast College and that my expenses are paid in whole or in part by OCC and/or the Associated Students of Orange Coast College. I understand that I am expected to conduct myself in a responsible manner and agree to the following:

- I am currently enrolled at Orange Coast College and have paid the current semester's College Service Charge.
- I am aware that the California State Education Code and the policies of the Coast Community College District prohibit possession or use of alcohol and/or other drugs during a college function, regardless of attendee's age.
- I understand that no inappropriate behavior will be permitted, nor any behavior that would endanger the undersigned or others. I also understand I am responsible for any damages I cause to any facility while attending this conference.
- I agree I will not invite any outside visitors to participate in conference activities without having obtained prior approval from my advisor.
- I agree that I will stay within the designated areas of the conference facilities.
- I understand that this conference is an official Orange Coast College field trip and that I am required to attend all possible work sessions. I further understand that upon return to Orange Coast College, I may be required to attend an SGOCC Student Senate meeting to share the information gained.
- I understand that any infraction may result in possible disciplinary action and immediate dismissal from the conference and that I will then become responsible for making other arrangements for my return to Orange Coast College.
- I agree that if district transportation is being provided to and from the event, I will ride the bus, van or other designated vehicle to and from the event.

Signature of Participant

Signature of Advisor

Printed Name of Participant

Printed Name of Advisor

College Service Charge paid.

(Please complete both sides of this form)