



Global Education MEDICAL RELEASE AND LIABILITY WAIVER

Spokane Community College
MS 2151
1810 N. Greene Street
Spokane, WA 99217-5399 USA
(509) 533-8659 · FAX (509) 533-8683

Spokane Falls Community College
MS 3011
3410 W. Fort George Wright Drive
Spokane, WA 99224-5288 USA
(509) 533-3242 · FAX (509) 533-3237

In the event of an emergency, the undersigned hereby gives to Community Colleges of Spokane (CCS), its officers, employees, agents and homestay families, full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and to act as agent of the undersigned student and parent/guardian regarding the named student's health and safety. This authority and permission includes, but is not limited to, the following: Rendering or ordering medical treatment; the giving of medication; and any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned understands that a reasonable attempt will be made to contact the undersigned parent/guardian or emergency contact before any action is taken. The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during the student's attendance at CCS.

The undersigned agrees to purchase and maintain adequate medical insurance while attending CCS. The college assumes no responsibility for verifying the standards of coverage if purchased outside the college's plan. The undersigned represents that the named student has no medical restriction that limits his/her full participation in the programs and activities of CCS, except as disclosed in any writing attached to this document.

Permission is given for the student to participate in all activities offered at CCS, except as restricted in any attached writing. To the fullest extent permitted by law, the undersigned hereby releases CCS, its officers, employees, agents and homestay families from all liability, and waive and release all claims, related to or arising from such decisions or actions as may be taken under the authority of this document.

"I verify to the best of my knowledge all the statements on this form are true. I have read and agree to the published Medical Release and Liability Waiver statements above."

_____		_____	____/____/____
Please Print Student's Last Name	First	Age	Birthdate (mm/dd/yyyy)
_____			____/____/____
Student's Signature			Date (mm/dd/yyyy)

REQUIRED IF STUDENT UNDER 18 YEARS OLD:

*Students under the age of 18 must have parent/guardian's signature to AGREE with the statements and AUTHORIZE CCS to release academic and immigration records to the student's sponsor, educational agency, and/or parents.

Please Print Parent/Guardian's Name		
_____		____/____/____
Parent/Guardian's Signature*		Date (mm/dd/yyyy)