



**EMERGENCY MEDICAL TREATMENT:** The purpose of providing the following information is to help us in case of an emergency. Please fill out the information completely and list any additional information that may help us in case an illness or injury may occur. This form must be presented either before the student arrives (fax # 909-621-8770) or upon arrival to Ontario Airport.

**EMERGENCY CONTACT**

STUDENT NAME: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**INSURANCE INFORMATION**

INSURANCE: \_\_\_\_\_

COVERAGE: \_\_\_\_\_

POLICY #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

OTHER IMPORTANT INFORMATION SHOULD INJURY OR ILLNESS OCCUR:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL TREATMENT CONSENT:** I, the legal guardian of the above named student, authorize the Pitzer College staff to seek medical treatment for this student as they deem necessary at any medical facility. I consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed healthcare provider. I understand that this authorization is given in advance of any special diagnosis, treatment, or health care and that is given to provide the Pitzer College staff authority to administer this treatment as he/she judges necessary to the above named student. I accept responsibility for the payment of all services rendered. I authorize any medical facility that renders services to release medical information necessary for the processing of insurance claims directly to the medical facility. I understand that whenever possible, the Pitzer College staff will make a good faith effort to contact me before seeking treatment.

PARENT/GUARDIAN \_\_\_\_\_  
(please print)

\_\_\_\_\_  
(Signature)

TELEPHONE: \_\_\_\_\_

DATE: \_\_\_\_\_