



PROVIDENCE
CHRISTIAN COLLEGE

Minor Medical Release Form

I/we _____ (print names),
the parents/guardians of _____ (print name), a minor enrolled
at Providence Christian College, in the event that I/we cannot be reached, do hereby authorize
the college, or any college employee accompanying my child, to make decisions regarding the
emergency or nonemergency medical care of our child named above, including authorizing
medical treatment.

Additionally, I/we hereby authorize any hospital or medical office which has provided treatment
to the above-named minor to release the above-named minor into the custody of a college
employee upon completion of the treatment.

This medical treatment authorization is in effect from _____ (date) until the
minor student turns 18 years of age.

Signature of Parent/Guardian _____

Relationship _____

Primary Phone Number (_____) _____ - _____

Secondary Phone Number (_____) _____ - _____

Signature of Parent/Guardian _____

Relationship _____

Primary Phone Number (_____) _____ - _____

Secondary Phone Number (_____) _____ - _____

Return completed form to:

Office of Student Life
Providence Christian College
464 E. Walnut St.
Pasadena, CA 91101

Office Use Only

Form received by: _____ Date received: _____ Filed by: _____

Scanned into database by: _____ Date scanned: _____