



**PARENT/GUARDIAN PERMISSION FOR MINOR CHILD TO ENROLL IN A COLLEGE CLASS**

*(to be completed by the Parent/Guardian)*

I grant permission for my child, \_\_\_\_\_, to  
(Student's Name)  
enroll in the indicated class(es) listed herein during the:  Fall  Spring  Summer Year 20\_\_\_\_\_

Indicate College:  City  Mesa  Miramar  ECC

- I understand that in accordance with state & federal law, I will not have the right to access my child's college records without their written consent or a court order.
- I understand that students attending classes on the college campuses are guests and must comply with all policies of the District including the Student Code of Conduct (Board of Trustees Policy, *BP 3100*). Students who violate District policies will be subject to removal.
- I have received and read the *Important Facts of Concurrent Enrollment*.
- Note that some private institutions may not grant college credit if the student also received high school credit for the same course.

Parent/Guardian Name: \_\_\_\_\_  
(PRINT) Last First MI

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MINOR'S AUTHORIZATION CONSENT FOR MEDICAL TREATMENT**

*(to be completed by the Parent/Guardian)*

- In cases of illness, injury or life threatening emergencies, I hereby authorize San Diego City, Mesa and/or Miramar College Student Health Services staff to assess and treat my child.
- Permission is also granted to provide a referral to an outside physician and facility, if deemed necessary by health care providers.
- This permission does not cover special elective procedures requiring local anesthesia (suturing, biopsy, toenail removal). Parent/guardian will be contacted via telephone, and sent consent form for permission to perform these procedures.
- Per state law, parental permission is NOT required in cases of treatment of sexually transmitted disease and contraception (birth control).
- Nominal fees may be charged for laboratory, pharmacy, and special procedures deemed necessary by health care providers at the college Student Health Services. Payment of these fees will be required at the time services are received.
- I authorize the college to provide medical treatment to my child in case of emergencies.

Parent/Guardian Name: \_\_\_\_\_  
(PRINT) Last First MI

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCESS TO STUDENT RECORDS**

*(to be completed by the student)*

I, \_\_\_\_\_, hereby authorize access to all of my academic records  
(Student Name)  
maintained by the San Diego Community College District to the following school/person/organization listed below:

School/District: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Organization/Other Third Party Designee: \_\_\_\_\_

This authorization will be effective beginning: \_\_\_\_\_ through: \_\_\_\_\_  
(Term) (Term)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_