

PARENTAL OR GUARDIAN RELEASE FORM



UCR Extension International Education Programs, 1200 University Avenue Riverside, CA 92507
Phone: 951-827-4346 • Fax: 951-827-5796 • Web: www.iep.ucr.edu • Email: iepapplication@ucx.ucr.edu

For Emergency Care, Liability Release and Permission for Participation in Trips/Activities for Students under 18 Years of Age.

Last/Family Name	First/Given Name	Middle Name
Date of Birth (Month, Day, Year)		

1. Any physical handicaps or restrictions to diet (food or drink) or allergies to medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please explain			
2. Dates of vaccinations: Polio:	Smallpox:	Tetanus:	Measles/Rubella:

Permission for Emergency Medical/Dental Care and Liability Release

Parents or guardians of students under 18 years of age MUST sign the following statement to allow possible emergency medical or dental and to release the Regents of the University of California Riverside from liability while the student is enrolled in the International Education Programs at University of California Riverside Extension.

"I/We hereby authorize a service agency and physician or dentist associated with it to administer whatever medical care in their professional opinion is necessary for any minor child who is a student in the International Education Programs. The school, hospital, and any emergency service agency and their associated physicians, surgeons, and/or dentists have the authority to consult as necessary. This authorization is valid while the student is enrolled in the International Education Programs or until revoked by me, in writing."

"I further agree to indemnify, hold harmless, release and forever discharge the Regents of the University of California and all its officers, employees, agents or assistants from any claims which I or my heirs, or any other person acting on my behalf have or may have against the Regents by reason of any accident, illness or injury or other consequences arising or resulting directly or indirectly from the participation of the minor child named below in the Program. This authorization is good while the student is enrolled in the International Education Programs or until revoked by me, in writing."

Signature of Parent or Guardian	Date
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Permission to Participate in Trips/Activities (Does NOT apply to groups with their own escorts)

Parents or guardians of students under 18 years of age MUST sign the following statement to allow the student to participate in trips/activities while enrolled in the International Education Programs at University of California Riverside Extension.

"I/We understand that escorts accompany students on all trips and activities but are NOT available to individually supervise my child. Even though my child will NOT be individually supervised, he/she may participate in trips/activities organized by International Education Programs. This authorization is valid while the student is enrolled in the International Education Programs, or until revoked by me, in writing."

Signature of Parent or Guardian	Date
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PLEASE PRINT:

Last/Family Name	First/Given Name	Middle Name
Name of Person to Contact Regarding Emergency Treatment	Emergency Phone Number	Country
Fax Number	Email Address	

Please mail, fax, or email your application materials to: International Education Programs, UC Riverside Extension, 1200 University Ave., Riverside, CA 92507-4596, U.S.A. / Phone: (1-951) 827-4346 / Fax (1-951) 827-5796 / Email: iepapplication@ucx.ucr.edu