

**COMMUNITY EDUCATION CLASS RELEASE & PARENT INFORMATION – MINOR**

CHILD'S NAME (Please print) \_\_\_\_\_ has my permission to participate in:

CLASS NAME \_\_\_\_\_ CLASS# \_\_\_\_\_

I understand that the Los Angeles Community College District has no insurance covering emergency medical treatment or hospital costs incurred by students. I agree that while my child is an enrollee at Pierce College and participating in the above named class, I will supply his/her own medical and accident insurance.

In the event of any illness or injury, you have my authorization to administer whatever emergency treatment and transportation, x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and /or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be my responsibility.

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand and agree that the Los Angeles Community College District, its Board of Trustees, officers, agents, representatives and employees shall be held harmless from any and all liability, claims, causes of action, and demands related to arising out of or in connection with my child's participation in this activity.

I hereby waive all claims against the District or the State of California if injury, accident, illness or death occur to my child during or by reason of this Community Education class.

Does your child have any physical impairments, medical conditions or medication allergies that we should be aware of?

YES  NO

If yes, please specify: \_\_\_\_\_

The Los Angeles Community College District and Pierce College Extension are responsible for minor students only during the actual instructional time period. **Parents are responsible for the student's behavior in class, attendance and the safe arrival to and departure from class.** If you would like your child to be released at the end of class to meet you or to walk home, sign the permission waiver below.

**My child has my permission to arrive at and leave class on his/her own.** \_\_\_\_\_  
Parent/Guardian Signature

If a student is not picked up promptly, Monday through Friday, he/she will be taken to the Extension office. An extended-care charge will be made at the rate of **\$5 per 15-minute interval or portion thereof.** **Behavioral problems or failure to pick-up children promptly may result in the expulsion of your child without a refund.**

I fully understand that my child is to abide by all rules and regulations governing conduct during this activity. My signature on this document acknowledges that I have read and understand the provisions stated on this form and agree to abide by them.

\_\_\_\_\_  
Child's Name (Please Print) Child's Birth Date Today's Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print) Parent/Guardian Signature

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
Home Phone Business Phone Cell Phone

In the event of illness, accident or other emergencies, please notify:

\_\_\_\_\_  
Name Phone