

CONSENT TO TREAT MINOR PATIENT

Because Arizona law requires consent of parent/legal guardian for medical care of minors, if your son or daughter is enrolled at the University of Arizona prior to his/her eighteenth birthday and you want his/her healthcare provided by Campus Health Service, you must first complete and return the following consent to:

University of Arizona
Campus Health Service
P.O. Box 210095
Tucson, Arizona 85721-0095
Fax: 520-626-4301

Consent for Medical Treatment

I, _____ (print name here), am the parent/legal guardian of
_____ (print name of student), currently a minor, whose date of
birth is ____/____/____.

I authorize the University of Arizona Campus Health Service to provide medical and/or mental health care to my son/daughter, including, but not limited to, diagnostic examinations (including radiological and laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment (including minor surgical procedures) and mental health counseling.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling Campus Health Service at 520-621-7428.

Signature

Date

Emergency Phone: Home - (____) _____

Work - (____) _____

Cell - (____) _____

ASSUMPTION OF RISK AND RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.
CESL Center for English as a Second Language ("Program")

Name of Student Participant: _____ Date of Birth: _____
(If student is under 18 years of age, a parent or legal guardian must also read and sign this form.)

I hereby agree as follows:

1. **Risks of Participation.** I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. More specifically, I acknowledge and accept the following risks. I accept full responsibility for any **injuries or illness** that I may sustain in the course of the Program activities or as the result of criminal acts of third-parties. I understand that the University of Arizona and its governing board, officers, employees, and agents (collectively the "University") do not require me to participate in the Program, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Program.

2. **Health & Safety.** I understand and agree that the University does not have medical personnel available at the Facility, which is the site location for my participation in the Program. I understand and agree that the University is granted permission to authorize emergency medical treatment, if necessary, and that such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program.

I understand that neither the University nor the Facility is obligated to provide transportation in connection with the Program. I understand that I am expected to carry my own automobile liability insurance coverage.

3. **Standards of Conduct.** I will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program or from the University, for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of the University, the Program, the Facility or other student participants. The University has the right to make changes in the format and administration of the Program.

4. **Assumption of Risk, Covenant Not To Sue, and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, **I release, indemnify, and covenant not to sue the University from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit).**

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

x _____
Signature of Student Participant

Date

x _____
Signature of Parent/Guardian (if student is under age 18)

Date