



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

Cañada College, Redwood City  
College of San Mateo, San Mateo  
Skyline College, San Bruno

### Parent or Guardian Authorization for a Minor Student

**The following authorization form must be completed by a parent or legal guardian of the applicant if the applicant is a minor student (less than 18 years of age). A completed form must be on file in the admissions office before the student will be allowed to register for classes.**

I, \_\_\_\_\_, am the parent or legal guardian of the minor student  
(print parent/guardian's name)  
\_\_\_\_\_, who is enrolled as an international student  
(print student's name)

in the San Mateo County Community College District. I hereby authorize the employees of the San Mateo County Community College District (District), to obtain for the minor any immunizations, well care, medical and/or dental treatments which in their judgment are deemed necessary. I understand and agree that as the parent/legal guardian of the minor, I am and remain financially responsible for all such immunizations, well care, medical and/or dental treatments provided to the minor, and I will promptly pay any invoice for the cost of such care.

As the parent/guardian of \_\_\_\_\_, I want the District to know about all  
(print student's name)  
current medical problems including psychological difficulties, serious allergies (animal, food, medicine), and physical limitations of the minor child as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I want the District to have a complete  
(print student's name)  
list of all medications that are currently being prescribed for the student as follows:

_____	Frequency _____
_____	Frequency _____
_____	Frequency _____

I understand that the San Mateo County Community College District (SMCCCD) strongly recommends that minor students live either with family or family friends, or under the supervision of a host family until they turn 18. I UNDERSTAND THAT THE DISTRICT HAS NO LEGAL RESPONSIBILITY FOR THE CARE OR WELL BEING OF THE MINOR STUDENT WHEREVER HE OR SHE CHOOSES TO LIVE WHILE IN THE U.S. ATTENDING A SMCCCD COLLEGE. I ALSO UNDERSTAND THAT THE DISTRICT ASSUMES NO RESPONSIBILITY FOR THE ACTIONS OF ANY HOST FAMILY OR PRIVATELY OWNED HOMESTAY COMPANY. I understand that in all legal issues, I am and remain responsible for the care and guardianship of this minor student.

Dated: \_\_\_\_\_  
(parent or legal guardian's signature)