



INSTITUTE FOR INTERNATIONAL STUDENTS SCHOOL OF INTERNATIONAL EDUCATION AND ESL

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Parent or Guardian Authorization for a Minor Student To attend City College of San Francisco Intensive English Program

Complete this form and submit a copy of your picture ID (e.g. passport or other identification documents) and return both together to the office of Institute for International Students.

I, _____, am the parent or legal guardian of the minor student _____, who is enrolled as an international student at City College of San Francisco. I hereby authorize the employees of City College of San Francisco 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 as described above, and I will promptly pay any invoice for the cost of such care.

List any medical conditions: _____

List medication presently taken: _____

I understand that City College of San Francisco 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 COLLEGE HAS NO LEGAL RESOPNSIBILITY FOR THE CARE OR WELL BEING OF THE MINOR STUDENT WHEREVER HE OR SHE CHOOSES TO LIVE WHILE IN THE U.S. ATTENDING CITY COLLEGE OF SAN FRANCISCO. I ALSO UNDERSTAND THAT THE COLLEGE HAS NO RELATIONSHIP WITH ANY HOMESTAY COMPANY AND ASSUMES NO RESPONSIBILITY FOR THE ACTIONS OF ANY HOST FAMILY OR 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/Guardian's Signature)

Parent/Guardian's Contact information

Name of Parent/Guardian: _____
(Given) (Family)

Name of Student: _____
(Given) (Family)

Address: _____
(House #) (Street) (District)

(City) (State/Province) (Country) (Postal Code)

Phone: _____
(Home) (Work) (Mobile)

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