

# EAST LOS ANGELES COLLEGE INTERNATIONAL STUDENT PROGRAM

## Assigned Guardian Statement

East Los Angeles College requires that students who are under the age of 18 have a guardian over the age of 21 living in Los Angeles County. In the event of a personal emergency, accident, illness or incarceration, the State of California will require the signature of a guardian before offering assistance such as hospitalization or legal counsel. East Los Angeles College is not permitted to act in place of the parent or guardian. If you are under the age of 18, you are required to have your parent submit a signed statement informing East Los Angeles College who will be assigned as your guardian.

I, \_\_\_\_\_, the parent of \_\_\_\_\_, am giving permission to  
Parent's Name (Last, First) Student's Name (Last, First)

Mr./Ms. \_\_\_\_\_ to be the legal guardian of \_\_\_\_\_ while he/she is  
Guardian's Name (Last, First) Student's Name (Last, First)

studying at East Los Angeles College. In case of any emergency, accidents, or illness, please contact:

Name of Guardian: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please Print) Last (Family) First (Given)

Address: \_\_\_\_\_ California \_\_\_\_\_  
House # Street Suite/Apt. City State Postal Code

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to father/mother: \_\_\_\_\_

## PARENTAL OR GUARDIAN RELEASE FOR EMERGENCY CARE, LIABILITY RELEASE FOR STUDENTS UNDER 18 YEARS OF AGE

*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 to East Los Angeles College from liability while the student is enrolled in East Los Angeles College.*

"I/We hereby authorize an emergency service agency and physician or dentist associated with it to administer whatever medical care in their professional opinion is necessary for my minor child who is a student in East Los Angeles College International Student Program. The school, hospital, and any emergency service agency and their associated physicians, surgeons, and/or dentists have the authority to consult as necessary. I further agree to indemnify, hold harmless, release and forever discharge Los Angeles City Colleges and all its officers, employees, agents or assistants from any claims which I or my heirs, or any other persons acting on my behalf have or may have against East Los Angeles College 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 valid while the student is enrolled in East Los Angeles International Student Program or until revoked by me, in writing."

| Parent Signature | Date (Month/Day/Year) | Not Valid Without Notary Stamp |
|------------------|-----------------------|--------------------------------|
|                  |                       |                                |

My signature affirms that the above named minor is under my supervision while studying at ELAC until he/she turns age 18.

\_\_\_\_\_  
Guardian Signature (Sign in presence of ELAC-ISP staff) Date: \_\_\_\_\_  
Month/Day/Year