

UC Berkeley Pre-College Scholars Commuter Program Consent for Medical Treatment Form 2026

In the event that medical treatment is necessary, while the student is under the care of the Pre-College Scholars Commuter Program.

I, _____ (Custodial Parent/ Legal Guardian) of
First Name Family Name

First Name Family Name (Student) authorize the staff of UC

Berkeley to facilitate the obtaining of whatever medical treatment they deem necessary for the welfare of the Student.

I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

By my signature below, I authorize the University of California Berkeley to release medical information regarding the above named student to any person or entity to whom the University of California Berkeley refers the student to for medical treatment.

I, _____, (Custodial Parent/ Legal Guardian), further confirm that the
First Name Family Name
emergency contact information provided in the online application is correct, and can be used by UC Berkeley in case of an emergency.

Signature of Custodial Parent / Legal Guardian First Name Family Name Date

Signature of Student First Name Family Name Date

IMPORTANT: Your application will not be complete until all forms are signed electronically via DocuSign by both the Student and the Custodial Parent / Legal Guardian. The DocuSign packet will be first sent to the student's email address to add their signature, then when completed the packet will be sent to the Parent/ Legal Guardian's email address to add their signature. It is the student's responsibility to ensure that the email addresses of both the Student and the Parent/ Legal Guardian provided in the application are correct.

Please address any questions regarding this form to precollege@berkeley.edu.