UC Berkeley Pre-College Scholars Program
Release of Authorization for Emergency Treatment Form

In the case of an emergency, and I cannot be reached, I, ____________________________, (Custodial Parent/ Legal Guardian), authorize the staff of UC Berkeley to obtain whatever medical treatment they deem necessary for the welfare of ____________________________ (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 for medical treatment.

I, ____________________________, (Custodial Parent/ Legal Guardian), further confirm that the 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                  Printed Name                 Date

_________________________________________________________________________________________________
Signature of Student                      Printed Name                 Date

This form requires wet signatures (signed in ink with a pen). Typed or electronic signatures will not be accepted.