

I, _____ (PRINT student's name) hereby authorize Bellevue College, its officers, employees, and agents, full authority and permission to take whatever action they feel is reasonably warranted if I become incapacitated. I understand that in the event of a medical emergency, Bellevue College may refer me to a licensed medical practitioner and/or clinic and hereby consent that such physician, hospital, or clinic may treat me in response to the medical emergency. I also hereby authorize that a photocopy of this authorization be accepted with the same authority as this original. This authority and permission includes, but is not necessarily limited to, the following: rendering or ordering medical treatment, the giving of medication, and any examinations, X-rays, anesthetic, medical, or surgical diagnosis or treatment or hospital care if and as deemed necessary. The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during my attendance at Bellevue College.

My signature below represents that I have no medical restriction that limits my full participation in the programs and activities of the college, except as disclosed in any writing attached to this document.

To the fullest extent permitted by law, I hereby release Bellevue College, its officers, employees, and agents from all liability, actions, debts, claims, demands of every kind and nature which may arise from my attendance, and further waive and release all claims related to, or arising from, such decisions or actions as may be taken under the authority of this document.

This release and waiver remain in effect while I am enrolled at Bellevue College or until it is revoked in writing by the undersigned.

Student's Signature	Date
Phone Number (include area code)	Email address

Routing Instructions

- 1) Administrative Services