

**Parent or Guardian Authorization for a Minor Student
to attend Foothill College or De Anza College**

The following authorization form must be completed by a parent or legal guardian of the applicant if the applicant is less than 18 years of age. A completed form must be on file in the International Student Programs Office before the student will be allowed to register for classes.

I, _____, am the parent or legal guardian of the minor student
(print parent/guardian's name)

_____, who is enrolled as an international student
(print student's name)

at either Foothill or De Anza College. I hereby authorize the employees of the Foothill-De Anza Community College District (District), which operates both Foothill and De Anza College, 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 immunizations, well care, medical and/or dental treatments provided to the minor, and I will promptly pay any invoice for the cost of such care.

As the parent/guardian of _____, I want the District to know about all
(print student's name)

current medical problems including psychological difficulties and serious allergies (animal, food, medicine) and physical limitations of the minor child as follows:

As the parent/guardian of _____, I want the District to have a complete
(print student's name)

list of all medications that are currently being prescribed for the student as follows: