

INTERNATIONAL ADMISSIONS – UNDER AGE 18

Updated June 2021

STUDENT INFORMATION

First Name (Given): _____

Last Name (Surname): _____

Date of Birth (dd/mm/yyyy): _____

Application Confirmation Code: _____

PARENT INFORMATION

First Name (Given): _____

Last Name (Surname): _____

Email: _____

Phone Number: + _____

MEDICAL CARE

Hospitals and physicians may be reluctant to treat or care for children without written consent from parents or legal guardians. This can delay care/treatment in the event of a medical issue and/or emergency.

I _____ as **legal guardian/parent** of _____

(hereinafter, “my child”) authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child’s health and well-being, and when I am unavailable or it is not reasonable to delay while trying to contact me in advance. Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the treatment or proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the treatment and the alternative forms of the treatment, including non-treatment.

Parent/Guardian Signature: _____

Date: _____

HOUSING

Tacoma Community College recommends that all students under the age of 18 live with a homestay family, where they are more likely to be monitored and cared for while attending classes at TCC than they would be if living alone in an apartment or with friends, which may not be appropriate for 16 and 17 year old students. Please check the below box (only one) that corresponds to the housing preference for the above named student:

- My child must remain in TCC’s homestay program until they are 18 years of age.
- I hereby grant permission for my child to make their own housing arrangements outside of TCC’s homestay program. I understand that this goes against TCC’s recommendation that all students younger than 18 live in homestay. I fully release Tacoma Community College from any and all liabilities associated with living outside of TCC’s homestay program.

Parent/Guardian Signature: _____

Date: _____

WAIVER OF LIABILITY FOR OFF-CAMPUS TRIPS AND ACTIVITIES

I understand and acknowledge that there is risk of injury to my child by his/her participation in off-campus trip and activities. I further understand that it is voluntary for my child to participate and that the college does not require his/her participation. I hereby release Tacoma Community College and the State of Washington, its employees, officers, agents and trustees, and waive for myself, my heirs, executors, administrators and assign any and all right and claims for damages from any and all injuries that my child may suffer as a result of his/her voluntary participation in trips and/or activities. I further agree to hold harmless and indemnify Tacoma Community College, its employees, officers, agents and trustees for any action, claim, or proceeding initiated as a result of any injury suffered by my child or any third party through his/her participation in any trips and/or activities. By signing this Waiver of Liability for Off-Campus Trip and Activities form, I acknowledge that I have read and understand its contents and warnings, and that I agree to its terms.

Parent/Guardian Signature: _____

Date: _____

EMERGENCY CONTACT

First Name (Given): _____

Last Name (Surname): _____

Relationship to Student: _____

Email: _____

Phone Number: + _____