Medical Care and Treatment of Minor Children Consent
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.

PARENTAL CONSENT FORM – Medical

Name of Parent/Legal Guardian

Name of Student

I 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 it’s not advisable to take the time 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 proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of the treatment, including non-treatment.

__________________________       __________________________
Signature of Parent/Guardian       Date

Housing
Tacoma Community College recommends that all students under the age of 18 live with a homestay family, where they can be monitored and cared for in order to ensure their safety and security while attending classes at TCC. In many cases living alone in an apartment or with friends may not be an appropriate environment for 16 and 17 year old students. If parents decide that their child does not need to live with one of TCC’s homestay families, the parental consent form (below) needs to be completed.

PARENTAL WAIVER FORM - Housing

Name of Parent/Legal Guardian

Name of Student

☐ My child must remain in TCC’s homestay program until they are 18 years old.

☐ 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 underage students live in homestay. I fully release Tacoma Community College from any and all liabilities associated with living outside of TCC’s homestay program.

__________________________       __________________________
Signature of Parent/Guardian       Date