

CAL POLY

CORPORATION

Parent Authorization for Emergency Medical Treatment

In the event of a medical emergency, Cal Poly Corporation will make every effort to contact you immediately. If your child is under the age of 18, it is necessary for the parent to sign and return this form to Cal Poly Corporation Human Resources, 1 Grand Avenue, Building 15, San Luis Obispo, CA 93407-0707.

Minor's Name:

Birth Date:

I hereby authorize treatment for my minor son/daughter listed below for examinations and medical treatments necessary for emergency care prior to the time I can be reached to give direct permission.

X

Parent's Signature

Date

Parent/Guardian Name:

Address:

Work Phone:

Home Phone:

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION
REQUEST FOR VOLUNTEER/UNPAID TRAINEE AUTHORIZATION FOR MINOR
 CDE Form B1-6 (Rev. 04-12)

(Print Information)

Minor's Information

_____	_____	_____
Minor's Name <i>(First and Last)</i>	Home Phone	Birth Date
_____	_____	_____
Home Address	City	Zip Code

Local Education Agency Information

_____	_____	
LEA (School) Name	LEA (School) Phone	
_____	_____	_____
LEA (School) Address	City	Zip Code

List educational program for this placement: _____

To be filled in by employer or agency of placement.

_____	_____	
Cal Poly Corporation	805/756-6111	
_____	_____	
Business or Agency of Placement Name	Business Phone	
_____	_____	_____
1 Grand Avenue, Bld 15	San Luis Obispo	93407
_____	_____	_____
Business Address	City	Zip Code

Minor's services during volunteer/unpaid training: _____

_____	_____	_____
Employer's Name <i>(Print First and Last)</i>	Employer's Signature	Date

To be signed by parent or legal guardian.

As the parent or guardian, I hereby grant permission to the above minor to volunteer or be placed for unpaid training. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

_____	_____	_____
Parent/Guardian's Name <i>(Print First and Last)</i>	Parent/Guardian's Signature	Date

Certification

In compliance with California Education Code 51769, subject to certain exceptions, during the educational unpaid training placement, the LEA is responsible for providing worker's compensation insurance covering that minor.

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

_____	_____	_____
Authorizing Personnel's Name and Title <i>(Print)</i>	Authorizing Personnel's Signature	Date