

**Cape Cod Community College
Project Forward**

Medical Emergency Information and Authorization

2025-2026

Student Name PRINTED: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number: _____

I hereby grant Cape Cod Community College and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety, and I fully release them from any liability for such decisions or actions as may be taken in connection therein.

All reference to Cape Cod Community College and "its agents" shall include Cape Cod Community College and its officers, directors, staff members, campus directors, chaperones, group leaders, employees, advisors and agents.

Student's Signature Date

Parent/Guardian Signature Date

Required only if student has a legal, court-appointed guardian and must submit documentation

IF PARENT/GUARDIAN IS A COURT-APPOINTED GUARDIAN, YOU MUST SUBMIT LEGAL DOCUMENTATION OF GUARDIANSHIP

MEDICAL INSURANCE INFORMATION:

Medical Insurance Company (or write N/A if you do not have)

Policy Number

Subscriber