

**UC BERKELEY SUMMER SESSIONS PRE-COLLEGIATE PROGRAM  
RELEASE OF AUTHORIZATION FOR EMERGENCY TREATMENT**

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I understand that I am required to maintain and carry accident medical insurance coverage for \_\_\_\_\_ (applicant's name).

In the case of an emergency, and I cannot be reached, I authorize the staff of UC Berkeley to obtain whatever medical treatment he or she deems necessary for the welfare of \_\_\_\_\_ (applicant's name). I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

In case of emergency, please contact:

| Contact 1:                 | Contact 2:                 |
|----------------------------|----------------------------|
| Name:                      | Name:                      |
| Relationship to Applicant: | Relationship to Applicant: |
| Phone Number:              | Phone Number:              |
| Alternate Number:          | Alternate Number:          |
| Email Address:             | Email Address:             |

I am the parent/guardian of the applicant, \_\_\_\_\_, and I am signing this Release on behalf of said applicant.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relation to Applicant

\_\_\_\_\_  
Date