

**Parent or Guardian Authorization for a Minor Student  
to attend Foothill College or De Anza College**

**The following authorization form must be completed by a parent or legal guardian of the applicant if the applicant is less than 18 years of age. A completed form must be on file in the International Student Programs Office before the student will be allowed to register for classes.**

I, \_\_\_\_\_, am the parent or legal guardian of the minor student  
(print parent/guardian's name)

\_\_\_\_\_, who is enrolled as an international student  
(print student's name)

at either Foothill or De Anza College. I hereby authorize the employees of the Foothill-De Anza Community College District (District), which operates both Foothill and De Anza College, to obtain for the minor any immunizations, well care, medical and/or dental treatments which in their judgment are deemed necessary. I understand and agree that as the parent/legal guardian of the minor, I am and remain financially responsible for all such immunizations, well care, medical and/or dental treatments provided to the minor, and I will promptly pay any invoice for the cost of such care.

As the parent/guardian of \_\_\_\_\_, I want the District to know about all  
(print student's name)

current medical problems including psychological difficulties and serious allergies (animal, food, medicine) and physical limitations of the minor child as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I want the District to have a complete  
(print student's name)

list of all medications that are currently being prescribed for the student as follows:

_____	Frequency _____
_____	Frequency _____
_____	Frequency _____

I understand that the Foothill-De Anza Community College District strongly recommends that minor students live either with family or family friends, or under the supervision of a host family until they turn 18. I UNDERSTAND THAT THE DISTRICT HAS NO LEGAL RESPONSIBILITY FOR THE CARE OR WELL BEING OF THE MINOR STUDENT WHEREVER HE OR SHE CHOOSES TO LIVE WHILE IN THE U.S. ATTENDING FOOTHILL OR DE ANZA COLLEGE. I ALSO UNDERSTAND THAT THE DISTRICT HAS NO RELATIONSHIP WITH ANY HOMESTAY COMPANY AND ASSUMES NO RESPONSIBILITY FOR THE ACTIONS OF ANY HOST FAMILY OR HOMESTAY COMPANY. I understand that in all legal issues, I am and remain responsible for the care and guardianship of this minor student.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(parent or legal guardian's signature)