



LE CORDON BLEU®

Medical Treatment Authorization and Consent Form

This form grants temporary authority to Le Cordon Bleu College of Culinary Arts ("LCB"), Career Education Corporation ("CEC"), and their employees, agents, facility providers, or volunteers assisting with the Culinary Summer Camp Program located at [indicate specific school location] (the "LCB Culinary Summer Camp") to provide and arrange for medical care for the Minor student, _____, ("Minor") in

Name of Minor

the event of an emergency, where the Minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

I, _____, grant my authorization and consent for LCB Culinary Summer Camp to administer

Parent Name

general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or requires emergency treatment, I authorize LCB Culinary Summer Camp to summon any and all professional emergency personnel to attend, transport and treat the Minor and to issue consent for any X-ray, anesthesia, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

This form will be retained by LCB _____.

School Location

Minor's Full Legal Name: _____

Minor's Date of Birth: _____

Allergies: _____

Medical Insurance Company: _____

Medical Insurance ID or Group #: _____

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____