



Guardianship for Minor Applicants Procedures

In order for an eligible international student under the age of 18 to be considered for admission to Saddleback College, the student's parents must appoint a guardian who resides in the State of California and agrees to take all responsibility for the student until they turn 18. In addition, the student must live with the guardian until they turn 18.

Saddleback College cannot act in the place of the parent or guardian. In the event of a personal emergency, accident, illness or incarceration, the State of California will require the signature of a guardian before hospitalization or legal counsel can be obtained. If you are under the age of 18, you are required to have your parent submit a signed statement informing Saddleback College who will be your appointed guardian.

The Role of the Appointed Guardian:

The appointed guardian has complete responsibility in all issues related to the student while the student is enrolled at Saddleback College and/or until the student reaches the age of 18. Such issues in which the appointed guardian is responsible for include, but are not limited to, the following:

- ✓ Medical care for the student (physical and emotional)
- ✓ Disciplinary issues that may arise at the school
- ✓ Law enforcement/legal issues resulting from the student's conduct
- ✓ Educational concerns related to the student's study at Saddleback College
- ✓ Contact with the parents in the home country as needed
- ✓ Acting as a liaison between the student, parent and Saddleback College in matters related to the student's study at our institution and stay in the U.S.
- ✓ Submitting the "Authorization for the Saddleback College Student Health Center to Consent to Treatment of Minor Lacking Capacity to Consent" so that required Tuberculosis (TB) screening tests can be completed.

Requirements to be a Guardian:

The appointed guardian must meet the following criteria in order to be considered:

1. The appointed guardian must be a US Citizen or Permanent Legal Resident.
2. The appointed guardian must be living within the State of California.
3. The appointed guardian must be over the age of 25 (*copy of CA Driver's License required*)
4. The appointed guardian and parent must be available should any problems arise with the student until such time that the student turns 18 years of age.

(continued)

Process to Establish a Local Guardian:

1. The enclosed *“Affidavit of Guardianship”* must be completed and signed by the parent of the minor/applicant AND the appointed guardian.
 - a. The signature of the parent on this form verifies that they have agreed to appoint a local guardian to be responsible for their child while in the US until such time that the student reaches the age of 18.
 - b. The signature of the appointed guardian indicates their understanding that they are responsible for all issues related to the student’s life in the US until such time that the student reaches the age of 18.
2. The *“Guardianship for Minor Applicants Procedures”* is read and signed by the appointed guardian.
3. The *“Authorization for the Saddleback College Health Center to Consent to Treatment of Minor Lacking Capacity to Consent”* is signed and submitted. (Required for mandatory Tuberculosis (TB) screening tests to be administered.
4. The above signed forms are sent back to Saddleback College.
5. Once these documents are received, Saddleback College will review the minor’s application and make a decision for admission.

Should you have any questions about this policy, please contact (949) 582-4637 or sc-iso@saddleback.edu.

My signature below confirms my understanding of and agreement to my role as the appointed guardian for the minor student. Saddleback College is released from all legal responsibility for the care or well being of the minor student. I understand that in all legal issues, I am and remain responsible for the care and guardianship of this minor student.

Printed Name of Guardian

Signature of Guardian

Printed Name of Minor Student

Student ID Number

Date

<i>To be completed by applicant’s parent:</i>		
My signature below confirms that I appoint _____ as the guardian for my son/daughter.		
Name of Guardian		
_____	_____	_____
Printed Name of Parent	Signature of Parent	Date Signed



South Orange County Community College District
 Saddleback College

AFFIDAVIT OF GUARDIANSHIP
(Official US notarization required)

I, _____ residing at
Name of Appointed Guardian (First/Last)

_____ depose and say:
Street Number Apartment City State Zip Code

1. That I have agreed to be the legal guardian of _____
Full name of applicant/student (First/Last)

whose date of birth is _____ who is a minor child of school age.
month/day/year

2. I am a US citizen or Permanent Legal Resident currently residing in California.

3. That I am over the age of 25 and my date of birth is *(copy of CA Driver's License required)*: _____
month/day/year

4. That I accept all legal responsibility for _____ in all
Full name of applicant/student

matters while enrolled at Saddleback College and/or until said minor reaches the age of 18 on _____.
month/day/year

5. I will submit the "Authorization for the Saddleback College Student Health Center to Consent to Treatment of Minor Lacking Capacity to Consent"

6. My relationship to the applicant/student is _____.

My signature below indicates that I have read the "Guardianship for Minor Applicants Procedures" and agree to my role as the guardian for the above student. I understand that Saddleback College cannot act in the place of the parent or legal guardian. In the event of personal emergency, accident, illness, incarceration or disciplinary action at the institution, the established guardian and parent will maintain full responsibility for the minor student. Saddleback College is released from all liability related to the student's study at the institution.

 Printed Name of Appointed Guardian

 Signature of Appointed Guardian

 Telephone Number of Appointed Guardian

 Fax Number of Appointed Guardian

 Email address of Appointed Guardian

 Date Signed

**AUTHORIZATION FOR SADDLEBACK COLLEGE STUDENT
HEALTH CENTER TO CONSENT TO
TREATMENT OF MINOR LACKING CAPACITY TO CONSENT**

I am the parent
 guardian
 other person having legal custody _____
(describe legal relationship)

of _____, a minor.
(name of minor) First name/Last Name

Date of birth: _____ Student I.D. No.: _____
month/day/year

I/We hereby authorize Saddleback College and Health Center to act as my/our agent to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is recommended by, and to be rendered under the general or special supervision of, any licensed physician or surgeon, whether such diagnosis or treatment is rendered at the Health Center or at a hospital.

I/We understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority to the above-named agent to give consent to any and all such diagnosis, treatment, or hospital care which a licensed physician recommends.

This authorization is given pursuant to the provisions of Family Code section 6910.

I/We authorize any hospital providing treatment to the above-named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of the minor to the above-named agent upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

These authorizations shall remain effective until *(month and day)* _____, 20____, unless sooner revoked in writing delivered to the agent named above.

Date: _____ Time: _____

Signature: _____
(circle relationship: parent/legal guardian/person having legal custody)

Signature: _____
(circle relationship: parent/legal guardian/person having legal custody)

(please complete all pages and attach parent/legal guardian photo ID)

MEDICALLY RELEVANT INFORMATION

Minor's name: _____
First Name/Last Name

Minor's birthdate: _____

Allergies to drugs, food, insect stings or bites: _____

Medical conditions for which minor is currently being treated: _____

Current medications and dosage: _____

Restrictions on activities: _____

Special dietary needs: _____

Primary care physician: Name: _____
Address: _____
Telephone number: _____

Insurance Company: _____
ID number: _____
Group number: _____

Mother's name: _____
Mother's telephone number: _____
Mother's Email: _____

Father's name: _____
Father's telephone number: _____
Father's Email: _____

Guardian's name: _____
Guardian's telephone number: _____
Guardian's Email: _____
Guardian's Local Address: _____

Street Address Apt City State Zip Code