

SAN FRANCISCO COMMUNITY COLLEGE DISTRICT
PARTICIPATION IN A CLASS/ACTIVITY
MEDICAL TREATMENT AUTHORIZATION

Student's/Volunteer's Name: _____ and Student ID _____ hereby
requests permission to participate in the following college class/activity:

CRN# _____ SUBJECT: _____ -2.8 (I.7 (s)9.4 (N)52o.5 (I)-3.4 (ON))TJ EMC /P
