

Guardianship for Minor Applicants Procedures

In order for an eligible international student under the age of 18 to be considered for admission to Irvine Valley College (IVC), 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.

IMPORTANT: The minor student must live with the appointed guardian until the student turns 18 and the guardian must be physically present at the listed local residence. Should it be found that the minor student is not living with the appointed guardian OR that the appointed guardian is not physically present in the minor's home, the minor student is subject to dismissal from IVC.

Irvine Valley 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 Irvine Valley 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 Irvine Valley 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:

- ✓ Living with and being physically present with the student at the local residence
- ✓ 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 Irvine Valley College
- ✓ Contact with the parents in the home country as needed
- ✓ Acting as a liaison between the student, parent and Irvine Valley College in matters related to the student's study at our institution and stay in the U.S.
- ✓ Submitting the "Authorization for Irvine Valley College Student Health Services 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 local Irvine area.
3. The appointed guardian must be physically present at the residence and live with the minor until such time that the student turns 18 years of age.
4. The appointed guardian must be over the age of 25 (*copy of CA Driver's License required*)
5. 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 will live with the minor student, remain physically present at the residence and 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 Irvine Valley College Student Health Services 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 Irvine Valley College.
5. Once these documents are received, Irvine Valley College will review the minor’s application and make a decision for admission.
6. Submission of false information will result in the denial of the application and/or dismissal of the student from IVC.

Should you have any questions about this policy, please contact at (949) 451-5693 or cdelgado@ivc.edu.

My signature below confirms my understanding of and agreement to my role as the appointed guardian for the minor student. My signature below confirms that the student will live in my home in the local Irvine area and that I will remain physically present in the home until such time that the minor turns 18 years of age. I understand that if at any time it is found that I am not physically present and living with the minor, the student is subject to dismissal from IVC. I understand that in all legal issues, I am and remain responsible for the care and guardianship of this minor student. Irvine Valley College is released from all legal responsibility for the care or well being of the minor student.

Printed Name of Guardian

Signature of Guardian

Printed Name of Minor Student

IVC 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
Irvine Valley College**AFFIDAVIT OF GUARDIANSHIP**
*(Official US notarization required)*I, _____ residing at
*Name of Appointed Guardian (First/Last)*_____
Street Number Apartment City State Zip Code depose and say: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. I confirm that I will live with the minor student and remain physically present at the above listed address until such time that the student reaches the age of 18. I understand that if at any time it is found that I am not physically present and living with the minor, the student is subject to dismissal from IVC.

4. That I am over the age of 25 and my date of birth is *(copy of CA Driver's License required)*: _____
*month/day/year*5. That I accept all legal responsibility for _____ in all
Full name of applicant/student
matters while enrolled at Irvine Valley College and/or until said minor reaches the age of 18 on _____.
month/day/year

6. I will submit the "Authorization for Irvine Valley College Student Health Services to Consent to Treatment of Minor Lacking Capacity to Consent"

7. 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 Irvine Valley 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. Irvine Valley 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 IRVINE VALLEY COLLEGE STUDENT
HEALTH SERVICES 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 Irvine Valley College Health and Wellness 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 and Wellness 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 fill out form on reverse of this page 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