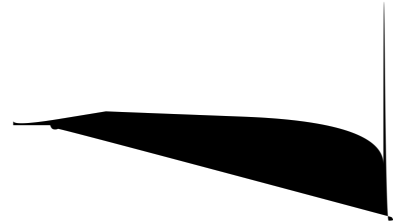


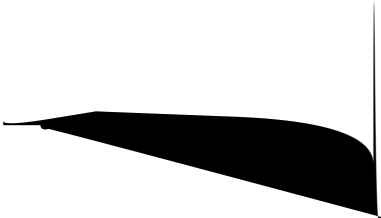
**OCCIDENTAL COLLEGE EMERGENCY MEDICAL CARE AND RELEASE AUTHORIZATION**

*Program Name:* \_\_\_\_\_ *Program Dates:* \_\_\_\_\_



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**AUTHORIZED ADULT RELEASE (PICK UP LIST)** a d d d a a c  
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