



KAMEHAMEHA SCHOOLS HAWAII

Health Services

PERMISSION FOR MEDICAL TREATMENT AND RELEASE

Last Name	First	MI	Student ID #	Birth Date	Grade
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As the parent(s) or legal guardian(s) of the above-named student ("my/our child"), I/we understand and agree as follows:

General Care: I/We understand that the Kamehameha Schools ("KS") offers limited student medical services including limited in-patient medical care. I/We hereby authorize such medical care for my/our child as may be determined to be necessary or appropriate by the KS Medical Director or its staff (collectively "MD").

Emergency Care: In the event of illness or injury to my/our child KS may but is not obligated to provide first aid care or treatment to my/our child. I/We hereby authorize the MD to administer such emergency care or treatment as the MD deems necessary or appropriate under the circumstances, without my/our prior consent, and I/we understand that KS will make reasonable attempts to notify me/us as soon as possible of illness or injury to my/our child.

Referral and Consultation: I/We further authorize the MD to refer my/our child to, or consult with physicians or facilities as the MD deems necessary or appropriate. My/Our preference in the event of such referral or consultation is stated on another form, but is not mandatory.

Release: In consideration for my/our child's enrollment in KS, on behalf of myself/ourselves, my/our heirs, my/our personal representatives, my/our assigns and my/our child, I/we: (1) assume any and all risks of injury, loss or damage which may arise out of my/our child's participation in any sports or athletics or in organized play, or for any accidents occurring anywhere when traveling from school or when participating in school activities away from the campus "collectively participation"; (2) waive and release any and all against Kamehameha Schools and its trustees, employees agents and representatives, in their personal and professional capacities (collectively also "KS"), for any and all injuries, losses or damages connected with or arise out of such participation including the rendering of medical treatment, including the administration of medication, and referral or consultation; (3) agree to waive, release and hold harmless the State of Hawai'i, Hawai'i Association of Independent Schools, and Kamehameha Schools from any responsibility for injuries, liabilities, losses or damages connected with or arising out of the transportation of my/our child in a vehicle, other than a Type I or II school bus, to a hospital/medical facility for treatment; and (4) agree to indemnify, defend and forever hold harmless KS from and against all claims by third parties which may arise out of such participation including the rendering of medical treatment. While KS provides certain health services for students, final and complete responsibility for the health of my/our child rests with me/us and my/our family.

Duration: This permission for treatment and release shall remain in full force and effect while my/our child is a KS student, and the foregoing release shall survive the date when my/our child is no longer a KS student. I/We will be responsible to update KS on all changes to the information contained herein, and unless KS shall have received updated information from me/us in writing, KS may assume and rely upon the information most recently provided by me/us in writing as being current.

I/WE REPRESENT THAT I/WE HAVE READ AND UNDERSTAND THE CONTENT OF THIS STATEMENT; I/WE UNDERSTAND THE NATURE OF THIS STATEMENT AS CONTRACTUAL AND NOT A MERE RECITAL; I/WE HAVE HAD AN OPPORTUNITY TO ASK QUESTION ABOUT THIS STATEMENT; AND I/WE HAVE EXECUTED THIS STATEMENT AS MY/OUR OWN FREE ACT.

Print Name of Mother/Guardian

Signature of Mother/Guardian

Date

Print Name of Father/Guardian

Signature of Father/Guardian

Date

NOTE: The signatures of both parents are required. If any person(s) other than parents are signing, please submit legal document(s) verifying legal custody.