



# KAMEHAMEHA SCHOOLS KAPALAMA

## Mālama Ola Health Services Department

### STUDENT TUBERCULIN TESTING – PERMISSION FORM

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

We hereby give the Kamehameha Schools (KS) permission to provide my child with a Mantoux tuberculin skin test. If the skin test proves positive, I also give KS permission to refer my child to the Lanakila Comprehensive Health Center.

We understand that there are risks involved in any medical procedure. We are aware that on occasion the tuberculin skin test can result in swelling of the area with moderate discomfort.

I release, hold harmless and indemnify KS, its trustees, employees, and agents from and against all claims, including but not limited to claims for property and/or personal injuries arising out of my child's participation in receiving the Mantoux tuberculin skin test.

Both parents (or court appointed guardian) of the student should sign and return this form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date