

Papahana Kuaola Field Trip Consent Form

_____	_____	_____	_____
School Name	Grade	Teacher Name	Field trip date(s)

Please print the following information:

_____	_____	M F	_____
Student's first, middle, & last name	Date of birth (m/d/y)	Gender	Zip code

Identify your child's ethnicity by checking all that apply:

- | | | | |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Other |

EMERGENCY CONTACT

_____	_____	_____
Name of primary emergency contact	Relationship to participant	Cell/Preferred phone
_____	_____	_____
Name of secondary emergency contact	Relationship to participant	Cell/Preferred phone

MEDICAL INFORMATION

Hospital/Clinic preference

_____	_____
Physician's name	Phone number
_____	_____
Insurance company	Policy number

Allergies/Special health considerations

Medication(s) taken regularly

I do _____/do not _____ (initial one) give permission for the Papahana Kuaola–Huliāmahi to use photographs taken of my child on the specified field trip(s) in its non-profit work.

AUTHORIZATION

I give permission for my child to participate in the specified field trip(s). I understand and acknowledge that doing so involves inherent risks of injury to my child. I release the landowner(s), and Papahana Kuaola, its staff, and Board of Directors from liability in case of an accident during activities, as long as normal safety procedures have been followed. I authorize all medical and surgical treatment as may be performed or prescribed by the attending physician and/or paramedics. I waive my rights to informed consent of treatment for my child only in the event that I or Emergency Contacts (above) cannot be reached in the case of an emergency. My signature below indicates that I have read, understood and freely signed this form.

PRINT Parent's/Guardian's name

SIGNATURE of Parent/Guardian

DATE