

UNIVERSITY OF HAWAII AT MANOA

School of Hawaiian, Asian and Pacific Studies

MEDICAL CONSENT FORM

IMPORTANT: READ CAREFULLY (TO BE FILLED OUT BY THE UNIVERSITY HEALTH CENTER OR A PHYSICIAN)

Is _____ physically fit for fieldtrips to temples, bus excursions, exposure to sunlight, etc.

Yes

No

If No, please explain in detail:

Doctor: _____ Phone: _____

Address: _____

IN CASE OF EMERGENCY

First person to contact is: _____

Phone: _____

Second person to contact is: _____

Phone: _____

Third person to contact is: _____

Phone: _____

PLEASE CHECK AND FILL OUT ONE OF THE FOLLOWING:

() We (I), _____, consent to and authorize any medical doctor or dentist and others
(Name of Parents/Guardian)

working under their supervision to treat _____ for any injury or illness.
(Participant's Full Name)

We (I) further agree to pay any and all such dental and medical costs, expenses and charges and to release and discharge and hold harmless the State of Hawaii, its employees and agents from and against any liability or any claim or demand arising from or connected with such medical treatment or care.

() We (I), _____, do not consent to or authorize any medical doctor or dentist or others
(Name of Parents/Guardian)

working under their supervision to treat _____ for any injury or illness.
(Participant's Full Name)

We (I) therefore agree to assume the risk of injury to _____ from lack of any medical
(Participant's Full Name)

care or treatment and further agree to release and discharge and hold harmless the State of Hawaii, its employees and agents from and against any liability and any claim or demand arising out of or in connection with said failure to provide any medical care or treatment.

Signature _____ Date _____

Co-signature of
Parent/Guardian: _____ Date _____