



**'IOLANI SCHOOL SUMMER PROGRAMS
PARTICIPATION CONSENT FORM & LIABILITY WAIVER**

Student's Name: _____ Date of Birth: _____

Health Insurance Plan: _____ Subscriber # _____

Father/Guardian _____ Emergency Contact Number _____

Mother/Guardian _____ Emergency Contact Number _____

Emergency Contact _____ Relationship _____ Contact Number _____

Please list all medical conditions and allergies: _____

Medical Disclosure Statement: The student's medical information shall not be disclosed to persons other than 'Iolani School Summer Program personnel unless the parent/guardian grants permission for the disclosure or an emergency arises.

For Summer Program Participation: A physician may treat my child whenever necessary until arrangements can be made and Summer Program personnel may render first aid if qualified to do so. I fully understand the student and parent/guardian named on this form assumes the risk for all injuries as a result of participating in 'Iolani School's Summer Programs. I am aware of the risk, be it small, that an injury could be catastrophic resulting in paralysis, paraplegia, or even death. There is also a small risk that blood borne infectious diseases can be transmitted through Summer Program activities.

I further agree to release, hold harmless and indemnify 'Iolani School, its employees, its representatives, and its agents from and against all claims, damages, demands, or other liabilities arising out of or in connection with the student's participation in 'Iolani School's Summer Programs which are not the result of gross negligence, intentional neglect, or of willful or wanton conduct by the school, or its agents, representatives, or employees.

I confirm that the information listed above is accurate and current and that my child is medically and physically able to participate in all Summer Program activities unless otherwise noted. I understand 'Iolani School's medical disclosure statement and I give my permission for my child to participate in the Summer Program:

Print Name _____ Relationship to student _____

Parent Signature _____ Date _____