

MEDICAL CONSENT FORM



Child's name:	
Child's date of birth:	
Parent/Guardian name:	
Relationship to child:	
Parent/Guardian contact number in Hawaii:	Local Phone Number: LINE ID: WhatsApp: KakaoTalk:
Does the child have any allergies?	<input type="checkbox"/> YES Please list allergies: <input type="checkbox"/> NO
Please list any medication the child is currently taking:	
If any, please describe the child's behavioral, learning, or mental conditions:	
Child's health insurance coverage:	
Child is enrolled at Hawaii Palms English School...	From: _____ To: _____

I hereby give consent for the child listed above to receive all medical and/or surgical treatment, including the administration of anesthesia, in the event of an emergency, accident, injury or sickness as determined by a physician during the dates listed above. I give authorization for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders, and other medical personnel.

Parent/Guardian Name:	
Relationship to Child:	
Parent/Guardian Signature:	
Date:	