College of ENGINEERING
UNIVERSITY OF HAWAI'I

# MEDICAL CONSENT FORM

_____
(Participant's full name)

Is/Is not (circle one) physically fit for the following activities:

If not, 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),_____,
(Name of Participant and/or Parents or Guardian)

consent to and authorize any medical doctor or dentist and others working under their supervision to treat _____
(Participant's Full Name)

for any injury or illness.

☐ We (I),_____,
(Name of Participant and/or Parents or Guardian)

**Do NOT** consent to or authorize any medical doctor or dentist or others working under their supervision to treat _____
(Participant's Full Name)
for any injury or illness.

We (I) therefore agree to assume the risk of any injury or illness to

_____
(Participant's Full Name)

which may result from the lack of any medical care or treatment and further agree to release and discharge and hold harmless the University of Hawaii, its officers, 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

_____ _____
Signature of Parent /Guardian if Student is under 18 Years of Age. Date

_____
Print Name of Parent/Guardian

_____ _____
Home Address City/State/Zip code

_____
Phone Number