ACCIDENT, MEDICAL, FIELD TRIP AND MEDIA RELEASE FORM

All applicants must read, complete and sign the release form. If student is under 18-years-old, parent or legal guardian must complete and sign "Accidental, Medical, Field Trip, and Media Release" form and email to academy.ahec@hawaii.edu or fax to (808) 692-1258. Release form can also be mailed to

The Academy
Hawaii/Pacific Basin AHEC
University of Hawai‘i at Manoa
John A. Burns School of Medicine
651 Ilalo, MEB 224
Honolulu, HI 96813-5525

Form must be submitted in order to complete registration and for application to be considered for the Academy.

ACCIDENT, MEDICAL, FIELD TRIP AND MEDIA RELEASE

I/We the undersigned agree, for ourselves, our heirs, personal representatives and assigns, to hereby release, waive discharge, hold harmless, indemnify, defend and covenant not to sue The Research Corporation of the University of Hawai‘i and the University of Hawai‘i, its Board of Regents, officers, directors, agents and employees including, but not limited to Hawaii/Pacific Basin Area Health Education Center (AHEC), all other sponsoring agencies and/or organization’s officers, directors, employees, agents and representatives of any and all claims demands, actions, or cause of action, on account of any loss, including damage to personal property, or personal injury or death which may arise out of involvement or participation of my/our child in Hawaii/Pacific Basin AHEC, the Academy programs or activities held during August 2019 to August 2020.

I/we give permission for my/our child to participate in field trip(s) and/or to be transported in a non-school approved vehicle as deemed necessary and therefore waive also the State’s liability. I/we give permission in case of accident or need for medical attention to transport my/our child to a doctor, dentist or emergency medical facility and consent and authorize a medical professional and others working under their supervision to provide medical treatment for any injury or illness arising from or related to his/her participation in this program. I/We understand that The Research Corporation of the University of Hawai‘i, the University of Hawai‘i does not provide health insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation and further agree to pay any and all medical expenses, costs and other charges arising from or connected with such medical treatment or care.

I/we also hereby give permission to photograph, film, tape, or otherwise record my/our child’s name, voice, and/or person and understand that there will be no financial or other remuneration of photographs, news releases, open-circuit (broadcast), closed-circuit, and/or cable television transmission and any other media releases of my/our child to publicize The Research Corporation of the University of Hawai‘i, the University of Hawai‘i within or outside of the State of Hawai‘i in perpetuity either for initial or subsequent transmission or playback.

I/We understand that directory, participation and registration information can be used and shared with other entities for research and educational purposes. You may opt out or indicate non-disclosure of information in writing in accordance with the Family Educational Rights and Privacy Act (FERPA) at any time. In accordance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, annual campus crime statistics for the University of Hawai‘i may be viewed on campus websites, or a paper copy may be obtained upon request from the respective UH Campus Security or Administrative Services Office.

APPLICANT’S SIGNATURE ____________________________ DATE ________

APPLICANT NAME (PRINTED) ____________________________ DATE ________

FATHER’S OR LEGAL GUARDIAN’S SIGNATURE ____________________________ DATE ________

MOTHER’S OR LEGAL GUARDIAN’S SIGNATURE ____________________________ DATE ________

Hawaii/Pacific Basin AHEC
The Academy
John A. Burns School of Medicine
651 Ilalo, MEB 224
Honolulu, HI 96813-5525
Phone (808) 692-1060
Fax (808) 692-1258
Email: academy.ahec@hawaii.edu

University of Hawai‘i at Mānoa is An Equal Opportunity/Affirmative Action Institution.
SCHOOL GUIDANCE COUNSELOR/ADVISOR
Please indicate student's school guidance counselor/advisor contact information. The Academy would like to work closely with the guidance counselors and parents to keep students on track with their goals.

Guidance Counselor Name:_________________________________________
Email:_______________________________________ Phone Number:_______________________________

MEDICAL INSURANCE
Please fill out below and attach a copy of your medical card with the subscriber name and membership number of your medical insurance.

Subscriber Name:______________________________ Medical Plan: ____________________________
Membership Plan # __________________ Family Doctor: _______________________ Phone Number: ___________________________

MEDICATION
List all medication applicant is presently taking:

<table>
<thead>
<tr>
<th>Medicine/Drug Name</th>
<th>Illness</th>
<th>for</th>
<th>Medicine/Drug Name</th>
<th>Illness</th>
<th>for</th>
</tr>
</thead>
</table>

NOTE: HI/Pacific Basin AHEC will not dispense any medication to your child, including aspirins and medicine. Participant must bring his/her own medication in clearly labeled containers. During the program, be sure applicant has enough medication to last during the session.

IMMUNIZATION INFORMATION
In what year did your child last receive a: Tetanus Shot? ____________ Vaccinations? ____________

Tuberculosis Test? ____________

ALLERGIES:
List any medical allergies, food allergies, or dietary restriction (as well as religious dietary restrictions) applicant may have:
____________________________________________________________________________________________
____________________________________________________________________________________________

RESTRICTIONS/LIMITATIONS:
Please list any challenges applicant has which may prevent him/her from participating in activities:
____________________________________________________________________________________________
____________________________________________________________________________________________
List any activity in which applicant cannot participate or parent/guardian does not want applicant to participate:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Are there any religious restrictions on what your child can do or be done in an emergency or other health situations? Circle: Yes No If yes, please explain
____________________________________________________________________________________________
____________________________________________________________________________________________