

Parent Consent and Release

Child's Full Name: _____ **Date of Birth:** _____

1. EXCURSION PERMISSION:

My child/ren has/have my permission to go on excursions away from the school groups by Honolulu City Bus, Rented or Center's van, charter bus, or walking. I understand Ewa Plains Enrichment Programs LLC, Inc will maintain the highest possible safety standards, and I release the program and accompany parent from liability and responsibility in case of an accident. If I do not sign, I agree to provide care for my child at home during the event. I understand the school will not provide alternate care.

I understand specific event consent forms will require an additional signature.

Signature of Parent/Guardian

Date

2. PHOTO, MEDIA, VIDEO AND/STORY RELEASE:

Because of the mutual benefits and for no pay or remuneration, I give Ewa Plains Enrichment Programs LLC permission to use photographs, stories about and any creation for my child/ren, alone or with others. For display or publication and newspaper, magazine standards, books, or sponsored advertisement for profit/fundraising. I absolve and waive any rights or claims to the media for my child.

Signature of Parent/Guardian

Date

3. APPLY SUNSCREEN AND INSECT REPELLENT:

At Ewa Plains Enrichment Programs LLC has a wonderful outdoor experience, which allows your child/ren the liberty to enjoy great benefits. We ask that you apply sunscreen daily at home, however, we would like to apply it in the event it fades or washes off. We would like to apply insect repellent- OFF with after rainy weather.

Signature of Parent/Guardian

Date

4. CONSENT TO TEST:

Ewa Plains Enrichment Programs LLC periodically assesses and evaluates each child/ren's development occasionally, State Department of Health (DOH) specialist in cooperation with Ewa Plains Enrichment Programs LLC to further define and evaluate developmental areas does testing. If at any time you child/ren is tested by DOH, you will be notified in advance. I hereby give consent to have my child/ren tested by Ewa Plains Enrichment Programs LLC and /or DOH staff.

Signature of Parent/Guardian

Date

5. MEDICAL:

Child/ren Doctor's Name: _____ **Phone Number:** _____

Payment of medical expenses incurred as a result of injuries sustained by a child/ren does not constitute an admission of liability or waiver of any defense to claims of liability by Ewa Plains Enrichment Programs LLC and hereby are freed by the under signed that Ewa Plains Enrichment Programs LLC, reserves all it rights and defenses to any claim regarding or relating in any school-related injury. If my child/ren needs to be transported by ambulance I consent to Ewa Plains Enrichment Programs LLC to take the appropriate action for the safety and welfare of my child/ran. Ewa Plains Enrichment Programs LLC may call my child/ren doctor, another physician or emergency hospital for treatment in case of an emergency when neither I or my spouse or the above named physical cannot be reached.

Signature of Parent/Guardian

Date