



**Hawai'i
Homeschool Network**
www.hawaiihomeschoolnetwork.com

Hawaii Homeschool Network – Childcare Release

Release

In consideration of my participation and the participation of my child/children in the activities of the Hawaii Homeschool Network childcare room, I hereby release Hawaii Homeschool Network from any and all liability for injuries or loss which I or my minor child/children may incur as a result of said activities for so long as I or my child/children participate in said activities.

I hereby acknowledge that some activities may involve working with potentially dangerous materials. However, I fully accept these risks for me and my child/children and agree to hold harmless and free from any and all liability Hawaii Homeschool Network, its governors, officers, directors, volunteers, and employees for injuries which may be incurred while engaged in said activities.

Media Release

I grant Hawaii Homeschool Network permission to use photos and videos of my child on Hawaii Homeschool Network's website, social media, promotional materials, and/or newsletter.

I have read and I understand the entirety of this membership form and accept all of its provisions.

Child's Name

Date

Parents' Signature

Date

Emergency Contact and Medical Information for Student

<hr/> Student's Name	<hr/> Date of Birth		M	F
			Sex	
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name			
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone	
<hr/> Address		<hr/> Address		
<hr/> City, ST ZIP Code		<hr/> City, ST ZIP Code		

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
<hr/> Home Phone	<hr/> Home Phone
<hr/> Work Phone	<hr/> Work Phone
<hr/> Address	
<hr/> Address	
<hr/> City, ST ZIP Code	
<hr/> City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Hawaii Homeschool Network and individuals from liability in case of accident during activities related to Elevate Academics, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date