



Kamehameha Schools®

Parental Authorization for Water Activities for Students with Seizures

Student Name: _____ DOB: _____ Student ID: _____ Grade: ____

SUPPLEMENTAL PARENTAL REQUEST: We, _____ and _____, the parents of _____ grade _____, request permission for our child to participate in Kamehameha Schools water-related activities during the _____ School Year. We understand the inherent risk of injury if our child has a seizure during water-related activities and make this request with full knowledge of such risks whether foreseen or unforeseen, on behalf of our child, our heirs, our personal representatives, our assigns, and ourselves. We understand that our child’s participation in Kamehameha Schools water-related activities is limited by the restrictions indicated in the medical clearance. We understand that if supervision is required, our child may participate only if the parent(s) or other adult named below is physically present to provide proper supervision of our child, and we attest that all authorized supervisors are competent swimmers able to assist our child. We also understand that each supervisor is to follow the campus’ volunteer procedures.

We understand that our child is expected to do exactly as instructed by the lifeguards, PE teachers, classroom teachers, coaches, trainers, and school medical staff. We also understand our responsibility to obtain and submit to school medical staff an updated medical clearance in the event of a change in status since the last medical clearance-including a seizure or starting, stopping, or weaning an anti-seizure medication and that failure to do so may result in our child not being permitted to participate in any water-related activities while a student at Kamehameha Schools.

MEDICAL INSURANCE CLEARANCE & AUTHORIZATION: We understand that the Kamehameha Schools ("KS") does not carry medical insurance relative to any injury to our child inclusive of seizures. We represent that we have insurance coverage through our own insurance carrier(s). If any emergency medical procedures or treatments are required during swimming activities this school year, we consent to the lifeguards, PE teachers, classroom teachers, coaches, trainers and school medical staff in arranging for or consenting to the procedures for treatment of our child at their discretion.

Print Name of Student	Signature of Student	Date
-----------------------	----------------------	------

Print Name of Mother/Legal Guardian	Signature of Mother/Legal Guardian	Date
-------------------------------------	------------------------------------	------

Print Name of Father/Legal Guardian	Signature of Father/Legal Guardian	Date
-------------------------------------	------------------------------------	------