



MEDICAL CONSENT FORM

IMPORTANT - READ CAREFULLY (SECTION BELOW IS TO BE FILLED OUT BY THE WELLNESS CENTER OR A PHYSICIAN)

\_\_\_\_\_  
(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 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Third Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE CHECK AND FILL OUT ONE OF THE FOLLOWING:

i)  We (I), \_\_\_\_\_,  
(Name of Participant or Parent/Guardian

consent to and authorize any medical doctor or dentist and others working under their supervision to treat

\_\_\_\_\_ for any injury or illness.  
(Participant's Full Name)



We (I) further agree to pay any and all such dental and medical costs, expenses and charges and to release and discharge and hold harmless the University of Hawaii, its officers, employees, and agents from and against any liability or any claim or demand arising from or connected with such medical treatment or care.

ii)  We (I), \_\_\_\_\_,  
(Name of Participant or Parent/Guardian

do NOT consent to and authorize any medical doctor or dentist and others working under their supervision to treat

\_\_\_\_\_ for any injury or illness.  
(Participant's Full Name)

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.

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Cosignature of parent or guardian (required if participant is under 18 years of age)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone