

NEW HOPE CENTRAL OAHU
P.O. Box 893855, Mililani, HI 96789
PARENT/GUARDIAN AUTHORIZATION AND CONSENT FORM

Activity Information:

Activity : Zeo Camp Location: Camp Mokuleia 68-779 Farrington Hwy Waiialua 96791

Date: Friday, March 6 to Sunday, March 8, 2020

Time: Drop off Fri. @ 4:30pm - Pick up Sun. @ 11:30am

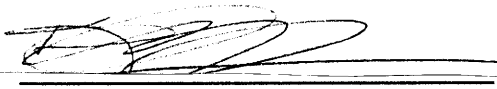
Group: Zeo Cost: \$150.00

Transportation: All Youth must be dropped off and picked up by an adult

Emergency Contact: Phone contact(s) Kim Abela Nakashima: 808-321-1722

I hereby grant permission for my child to participate in the activity named above. I agree to release and hold harmless New Hope Central Oahu, including its staff, officers, volunteer leaders, and/or designees from all liability in the event of bodily injury, personal property damage, loss and/or death that may result from travel and involvement in this activity.

This authorization and consent form will remain effective during the dates, inclusive, specified above.



Kim Abela Nakashima, Leader



Pastor Mark Palompo

MEDICAL/EMERGENCY CONTACT INFORMATION – MUST BE COMPLETED

This release gives us permission to take your child to the nearest available medical facility and have the necessary treatment administered. This is necessary, as most hospitals will not administer any medical attention to a minor without parental consent. Therefore, please read the following statement and sign below. This will allow us permission to seek whatever medical attention we deem necessary for your child or children.

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Kim Abela Nakashima (adult or youth leader in charge of group) permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment (physician, surgeon, dentist, medical practitioner, or medical facility licensed to practice medicine by the appropriate authorizing agency) to do so, using those measures deemed necessary. I further agree to be responsible for such medical or dental costs incurred. I understand this authorization is given in advance of any specific diagnosis or treatment.

Name of Youth (Please print)

Age

Birth date

Signature of parent or guardian

Phone contact

Name of family doctor

Phone contact

Preferred Hospital

If parent or guardian is not available, please call relative listed below:

Name of relative (please print)	Relationship	Phone contact
---------------------------------	--------------	---------------

YOUR INSURANCE CARRIER: _____

Policy number: _____ Group Number: _____

Additional comments regarding medical history, allergies, bee sting, food, penicillin or drug reactions, etc., which may be needed in any treatment:

List medication being taken

List any allergies and reaction

List any dietary needs

Please indicate if your child is allowed to swim during their stay at Camp Mokuleia. Certified lifeguards will not be provided by NHCO.

_____ Yes, my child has permission to swim.
_____ No, my child does not have my permission to swim.

T shirt Size _____

New Hope Central Oahu Media Release Form

I hereby give New Hope Central Oahu my permission to photograph, videotape or otherwise record my child's name, voice and/or person. I understand that these recordings of my child will only be used on a continuing basis for noncommercial, promotional purposes, which may include open-circuit broadcast, closed-circuit and/or cable television transmission within or outside the State of Hawai'i.

I understand that there will be no financial or other compensation for recording my child, either from initial or later transmission or playback. I also understand that New Hope Central Oahu is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury received as a result.

New hope Central Oahu may also use my child's name, likeness and/or bibliographical identification for publicizing and promoting the use of these recordings.

Signature indicates all above information is accurate.

Print Parent Name _____

Parent Signature _____ Date _____