

**KAPA`A HIGH SCHOOL  
2018 PROJECT GRAD**

***Participant Permission Form/ Release Waiver Form***

My child, \_\_\_\_\_, has my permission to attend PG 2018.  
(Print Last, First, Middle Initial)

I understand this celebration is offered to all graduates who have signed and maintained both the Project Grad Participant Agreement and their Senior Contracts. I understand that it is being planned and hosted by a group of volunteer parents, staff and supportive adults. I understand that participation in this celebration is fully voluntary and that every precaution will be taken to ensure the safety of my child.

I understand that participants will be notified of the time of bus departure and that all attendees must travel to and from the event location on their assigned buses. I understand that if my child does not check-in before departure, I will be notified via telephone by the Project Grad committee. I acknowledge that I am responsible for my child from the time the bus has departed and release the Project Grad committee from full responsibility of my child.

In consideration of the benefits of this event for my child and having full confidence that my signature below shows that I have read and accepted all the rules and guidelines stated on this form, the Medical Information and Emergency Form, Participant Agreement Form and the Participant After-Party Release Form (back of this form), I agree to waive all claims and not to place suit or hold liable the school, any volunteer personnel, any organization or host property for any incident or injury that may occur to my child while attending the event.

**IT IS UNDERSTOOD THAT IF A PARTICIPANT VIOLATES ANY RULES SET BY THE PROJECT GRAD COMMITTEE, INCLUDING BUT NOT LIMITED TO: DAMAGING PROPERTY, USE OR POSSESSION OF ALCOHOL, TOBACCO OR ILLEGAL DRUGS AND POSSESSION/USE OF FIREARMS AND FIREWORKS; IT WILL BE CAUSE FOR PARENTS/GUARDIANS TO BE NOTIFIED IMMEDIATELY AND REQUIRE THEM TO PICK UP THE PARTICIPANT. THE PARENTS/GUARDIANS AND THE PARTICIPANT WILL BE RESPONSIBLE FOR ANY EXPENSES INCURRED. THE POLICE WILL BE NOTIFIED IF NECESSARY. I UNDERSTAND THAT NO REFUNDS WILL BE MADE IN THE EVENT THAT MY CHILD IS A "NO-SHOW" OR IS EXPELLED FROM THE PROJECT GRAD CELEBRATION.**

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Participant / Date

\_\_\_\_\_  
Signature of Parent/Guardian / Date

Home Phone \_\_\_\_\_ Parent Cell# \_\_\_\_\_ Student Cell# \_\_\_\_\_

**Student T-shirt size is:** Small Medium Large XLarge 2XLarge 3XLarge *(Circle one)*

PLEASE RETURN ALL COMPLETED FORMS ALONG WITH \$75 PAYMENT BY **FRIDAY, MAY 4, 2018**  
MAKE CHECKS PAYABLE TO "KAPA`A HIGH SCHOOL PROJECT GRAD" AND NOTE "2018 CHILD'S NAME" IN THE MEMO.  
DROP OFF FORMS AND PAYMENT AT COUNSELORS' OFFICE OR MAIL TO P.O. BOX 923 KAPA`A, HI 96746  
THIS WILL ENSURE THAT YOU ARE INCLUDED IN OUR HEAD COUNT.

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***Participant After-Party Release Form***

I acknowledge that my child, \_\_\_\_\_,  
(Print Last, First, Middle Initial)

must be picked up at **6:00am on Saturday, May 26,2018 from the GYM PARKING LOT.**  
**(Parking lot near Student Activity Center and open field area).**

I acknowledge that once my child has been released to the designated driver, I am fully responsible for his/her health and well-being. I acknowledge that it is a strict policy of Project Grad that my child does not drive after the event due to driver fatigue. Thus, I designate the following individuals to pick up my child after the event at the noted pick-up site.

In the event that I am unable to pick up my child, please release him/her to one of the designated adults listed below. Each individual is over the age of 18 and will provide a valid state driver's license prior to being given release of my child.

**NOTE: Your child will only be released to the designated adult drivers listed below.**

Print Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____

My signature below confirms that I agree to all the terms listed above.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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***Participant Medical Information***

Participant's Name: \_\_\_\_\_  
(Print Last, First, Middle Initial)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Mailing Address: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List ANY special health condition(s) or dietary requirements: \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list any medication your child is currently taking and the dosage amount and time: \_\_\_\_\_

List any allergies (food, medication, other) \_\_\_\_\_

Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

***The Project Grad Committee will not provide any medications. Prescription medication must be in its original container with student's name on the label. All medications must be in a clear, zip-lock bag with the student's name visible on the outside. The bag must be submitted by the parent/guardian to the PG committee at the time of check-in. Feminine hygiene products will be provided.***

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***Permission to Administer Medication and/or Emergency Assistance to Participant***

Participant's Name: \_\_\_\_\_  
(Print Last, First, Middle Initial)

I will provide the PG committee with: (inhaler, special meds, medical equipment etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child \_\_\_\_\_ may \_\_\_\_\_ may NOT receive acetaminophen (Tylenol, Tempra, etc)

My child \_\_\_\_\_ may \_\_\_\_\_ may NOT receive ibuprofen (Advil, Motrin, etc)

In case of emergency, contact: (PLEASE PRINT CLEARLY)

Print Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____

***\*Please make sure that the emergency contacts listed will be available throughout the duration of the event.***

**AGREEMENT AND CONSENT FOR TREATMENT**

This is to certify that I, the undersigned parent/guardian, hereby consent to and authorize the administration and performance of all needed medicines and surgical treatment, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my son/daughter. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient. If emergency treatment is required for my child and I cannot be contacted immediately, I authorize the Project Grad committee or authorized chaperone to call 911 or the nearest hospital to administer treatment to my child as needed for his/her health and welfare.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date