

# Ka Ulukoa – Travel Authorization



This authorization must be completed and signed by the athlete and his/her parent or guardian and returned to his/her chaperone prior to travel. If not completed and signed, the athlete will not be allowed to travel.

Athlete's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Event: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure: \_\_\_\_\_ Return: \_\_\_\_\_

I, \_\_\_\_\_, am the parent/guardian of the athlete named above.

By signing below, I:

- a. Give permission to the athlete to participate in the activity described above;
- b. Give permission for the athlete to travel by private or commercial vehicle;
- c. Release Ka Ulukoa and its agents from any and all liability to us and to the athlete for any injury, damage, or loss that occurs because of the athlete's participation in the event, unless the injury, damage, or loss is caused by gross negligence or willful misconduct of Ka Ulukoa and its agents;
- d. In the event of illness or injury to the athlete, consent to and authorize such medical and dental treatment as may be deemed necessary, and agree to pay for such medical and dental costs.

In case of an emergency and a parent cannot be reached by phone, I authorize any one of the Coaches or Chaperones to obtain medical treatment for my child, and any hospital emergency department physician and/or any member of the hospital staff requested by a hospital emergency physician to make such examination and render such medical and/or surgical treatment which in his/her or their judgment may be deemed necessary for my child's health and welfare.

It is expected that athletes conduct themselves in a manner that does not infringe on the rights and safety of others and that does not dishonor the name of Ka Ulukoa. This includes, but is not limited to, the possession and/or consumption of alcohol or tobacco products. In the event of athlete misconduct I understand that for any major incident I will be notified by phone, and my child will be sent home immediately at my expense. This will include the transportation expense required for a chaperone to escort my child to the airport. All expenses incurred for this trip will then be forfeited.

I have read and understand the behavior expectation of all athletes, and will sign below to affirm my agreement:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

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## Emergency Phone Numbers:

Mother: \_\_\_\_\_

Home Phone

Business Phone

Cell Phone

Father: \_\_\_\_\_

Home Phone

Business Phone

Cell Phone

## Authorization for dispensing of over the counter (OTC) medications:

I give the chaperones permission to administer the following OTC medication(s) to my child:

Please check all that apply.

Ibuprofen (Advil)

Kaopectate

Acetaminophen (Tylenol)

Neosporin

Pepto Bismal

Dramamine

Immodium AD

Mylanta

Other (specify): \_\_\_\_\_

Medical and/or physical limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

## Notification of possession of prescription medication(s):

My child will have the following medication(s) in his/her possession for his/her use ONLY. I will ensure that all medication(s) I send with my child's name, physician's name, and dosage instructions, and accompanied with instructions from me (parent/guardian):

## Authorization:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_