

Parental Consent for the Emergency

Treatment of a Minor

I, the undersigned, parent/guardian of ______, minor, do hereby ______, minor, do hereby

consent to any emergency medical care that may be rendered to said minor as necessary for illness or injury while minor is engaged in volunteer duties for HUGS.

It is understood that this consent and authorization is being given in advance of any possible medical emergency and is given to encourage the members and staff of HUGS to exercise their best judgment in rendering and procuring emergency medical care and services for said minor.

Furthermore, no liability is attached to either **HUGS** or any of its members and staff for such action. This consent shall remain in effect until revoked by me/us, in writing and delivered to HUGS at 3636 Kilauea Avenue Honolulu, Hawaii 96816.

Parent/Guardian's name (please print) _____

Parent/Guardian's signature_____ Date_____