



General Authorization Form

Return form by June 30, 2010 to: HPA Enrollment, 65-1692 Kohala Mountain Road, Kamuela, Hawai'i 96743 -or- Fax: 808-881-4045

Dear Parents and Guardians:

It is often the occasion during the course of an academic year that school officials are called upon to act on your behalf. Infrequently, this action can involve something as serious as emergency medical treatment for your child. More frequently, such action involves relatively mundane activities such as: coordinating with an airline representative, providing information relating to officials of the athletic conference of which HPA is a member, arranging for a tutor, or booking taxi transportation.

In order to facilitate all such relationships and interactions and also to assure those who do not work at HPA but who occasionally have contact with our school and our students, we have prepared this General Authorization Form for signature by the parents or guardians of our students. This form must be completed and returned to HPA. Copies of this form will be securely filed in the school's Business Office and will be available to appropriate school personnel as and when needed. Thank you in advance for completing and returning this form.

GENERAL AUTHORIZATION

The undersigned parent(s) or guardian(s) of [print name of student]: _____

Soc. Sec. No. (if applicable): _____ Date of birth: _____ Grade: _____

a student enrolled at Hawai'i Preparatory Academy in Kamuela, Hawai'i, USA (the "Student" and "HPA"), hereby execute(s) this General Authorization Form. I/we intend for this form to be construed broadly. This authorization shall be in full force and effect so long as my/our child or ward is (a) enrolled as a student at HPA, or (b) on the premises at HPA, or (c) engaged in activities sponsored by HPA, or (d) being served by HPA personnel or making use of HPA property or program(s). Without reservation or qualification, I/we authorize the following:

- (1) for any physician, nurse, emergency medical treatment technician, other medical or related technician, rescue squad member, other care-giving employee of any medical treatment facility, and any employee of HPA to consent to the rendering of medical or emergency care to the Student; this authorization shall encompass all emotional counselors (whether medical doctors or otherwise) and all non-custodial HPA personnel (including contract coaches and athletic trainers); further, procedures contemplated by this Authorization shall include, but not be limited to, surgery and the administration of local and/or general anesthetics;
- (2) for any HPA employee and his/her spouse, to transport the Student in an HPA-owned motor vehicle or vehicle titled in the name of an HPA employee or spouse, provided that such transportation relates to HPA's curricular or extracurricular program or is otherwise offered for the Student's benefit; this authorization shall cover, but not be limited to, academic and related travel, travel pertaining to community service or recreational activities, shopping trips, athletic trips, emergency transport, and transport to and from the airport; this authorization shall also apply to third parties not employed by HPA but who may, from time to time, be used to transport students for HPA-approved activities (e.g., field trips on the Big Island);
- (3) in the sole discretion for any senior official of HPA (director of health and wellness, director of residential life (Middle School), director of student life (Upper School), K-8 principal, Upper School principal, assistant headmaster, headmaster), to approve or to decline to approve any leave request involving residence by, or supervision of, the Student with anyone other than the undersigned parent(s) or guardian(s);
- (4) in order to determine the suitability of the Student to remain enrolled as an HPA student, to consent to psychological or educational testing and/or counseling or a tutorial program for the Student; in the case of such counseling or assessment activity or tutoring, the undersigned shall be responsible for such costs, provided they are reasonably incurred; and
- (5) in the sole discretion of any senior official of HPA, to consent to the Student's participation in HPA community service and related curricular or extracurricular activities and to interact on behalf of the Student and the undersigned with County of Hawai'i or State of Hawai'i or United States governmental authorities concerning any matter relating to adherence to Hawai'i or United States civil or criminal laws, including, but not limited to, INS and TSA rules and regulations.

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Student's Name: _____ Grade: _____

In all matters relating to the above authorizations, I/we understand that those acting on behalf of the undersigned or on behalf of the Student shall be released and held harmless from any damages, real or alleged, with respect to personal injury, property damage, death, or costs incurred, provided that the person so acting has not done so recklessly or with wanton disregard of the facts or circumstances or conditions then existing.

CUSTODIAL PARENT(S) OR GUARDIAN(S):

Signature of Parent 1: _____ Date: _____

Printed Name of Parent 1: _____

Signature of Parent 2: _____ Date: _____

Printed Name of Parent 2: _____

Signature of Witness 1: _____ Date: _____

Printed Name of Witness 1: _____

Signature of Witness 2: _____ Date: _____

Printed Name of Witness 2: _____

Note: If two parents have legal custody, each must sign, and each may witness the signature of the other. If only one parent or guardian has legal custody, this person must sign and have his/her signature witnessed by a third party.

STUDENT HEALTH INSURANCE INFORMATION

Name of Insurance Company: _____ Policy Number: _____

Name of Subscriber: _____ Subscriber's Date of Birth: _____