



2018 Authorization of Transportation of Minor Child

PO Box 337, Pebble Beach, CA 93953
www.kekaiouhane.org
board@kekaiouhane.org
(831) 298-0693

Date: _____

I give my permission to ALL responsible adult members of Ke Kai O'Uhane Outrigger Canoe Center to transport my child as listed herewith, _____ to and from practice, regattas, club related events and/or activities, when I am unable to supply transportation.

Printed Name of Minor Child

Printed Name of Parent or Guardian

Signature of Parent of Guardian

Authorization of consent to treatment of minor child:

Parent/Adult consent: In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made. I hereby give authorization to Ke Kai O'Uhane Outrigger Canoe Center to seek treatment of my child or myself by a licensed physician under the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code.

It is understood that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Printed Name of Parent or Guardian

Signature of Parent of Guardian

Printed Name of Minor Child

Date of Birth

Phone number: _____

Email: _____

Your personal information collected is only used by Ke Kai O'Uhane OCC authorized users for administration and communication purposes. We are committed to protecting your personal information and no unauthorized users will have access.