



## Kamehameha Schools®

### Medical Clearance for Students with Seizures Participation in Water-Related Activities

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

1. This student has been seizure free (select a period duration and a medical clearance):

- ☐ <3 months since stopping an anti-seizure medication, and is:
  - ☐ Not medically cleared to swim
  - ☐ Medically cleared to swim in a pool or off-campus shallow and closed water activity with 1:1 supervision by parent/legal guardian or an adult authorized by the parent/legal guardian that is not a KS student/employee/staff member.
- ☐ >3 months without starting or stopping an anti-seizure medication, and is:
  - ☐ Not medically cleared to swim
  - ☐ Medically cleared to swim in a pool or off-campus shallow and closed water activity with 1:1 supervision by parent/legal guardian or an adult authorized by the parent/legal guardian that is not a KS student/employee/staff member.
- ☐ >6 months without starting or stopping an anti-seizure medication, and is:
  - ☐ Not medically cleared to swim
  - ☐ Medically cleared to swim in a pool or off-campus shallow and closed water activity with 1:1 supervision
  - ☐ Medically cleared to swim in a pool or off-campus shallow and closed water activity under lifeguard supervision
- ☐ >2 years without starting or stopping an anti-seizure medication, and is:
  - ☐ Medically cleared to swim with the following restrictions:
  - ☐ Medically cleared to swim without restrictions

2. This student IS/ IS NOT (circle one) currently in the process of having an anti-seizure medication weaned. If in the process of weaning, the intent is to:

- ☐ Change to a different medication
- ☐ Stop the medication altogether, and the student is:
  - ☐ Not medically cleared to swim
  - ☐ Medically cleared to swim in a pool or off-campus shallow and closed water activity with 1:1 supervision.

3. Current anti-seizure medications: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**KAMEHAMEHA SCHOOLS SUPPLEMENTAL  
PARENTAL RELEASE AND WAIVER AND INDEMNIFICATION FORM**

**SUPPLEMENTAL PARENTAL REQUEST:** We, \_\_\_\_\_ and \_\_\_\_\_ the parents of \_\_\_\_\_ *grade* \_\_\_\_\_, request permission for our child to participate in Kamehameha Schools water-related activities during the \_\_\_\_\_ School Year. We understand the inherent risk of injury if our child has a seizure during water-related activities and make this request with full knowledge of such risks whether foreseen or unforeseen, on behalf of our child, our heirs, our personal representatives, our assigns, and ourselves. We understand that our child will only be allowed to participate in Kamehameha Schools water-related activities based on the restrictions indicated in the medical clearance. We understand that if I: I supervision is required, our child will be allowed to participate only if the parent(s) or other adult named below is physically present to provide proper supervision of our child, and we attest that all authorized supervisors are competent swimmers able to assist our child. We also understand that each supervisor must comply with the campus' volunteer procedures.

We understand that our child is expected to and will do exactly as instructed to do by the lifeguards, PE teachers, classroom teachers, coaches, trainers, and school medical staff. We also understand our obligation to obtain and submit to school medical staff an updated medical clearance in the event of a change in status since the last medical clearance- including a seizure or starting, stopping, or weaning an anti-seizure medication- and that failure to do so may result in our child not being permitted to participate in any water-related activities while a student at Kamehameha Schools.

**MEDICAL INSURANCE CLEARANCE & AUTHORIZATION:** We understand that the Kamehameha Schools ("KS") does not carry medical insurance relative to any injury to our child inclusive of seizures. We represent that we have insurance coverage through our own insurance carrier(s). If any emergency medical procedures or treatments are required during swimming activities this school year, we consent to the lifeguards, PE teachers, classroom teachers, coaches, trainers and school medical staff in arranging for or consenting to the procedures for treatment of our child at their discretion.

**RELEASE AND WAIVER AND INDEMNIFICATION:** In consideration for allowing our child to participate in KS water-related activities, specifically the PE swimming program and off-campus water-related activities, during the \_\_\_\_\_ School year, we hereby assume the risk, responsibilities and liabilities surrounding our child's participating in such water-related activities. We assume the responsibility of being physically present at all water-related activities as required in the medical clearance. We hereby release and waive, and further agree to indemnify, hold harmless and reimburse KS, its Trustees, employees and representatives, including but not limited to the lifeguards, PE teachers, classroom teachers, coaches, trainers and school medical staff from and against and for any claim that we or any other person may have or claim to have for any losses, damages, or injuries arising out of our child's participation in the above- described water-related activities or the rendering of emergency medical procedures or treatment, if any.

Signature of Child \_\_\_\_\_ Date \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_  
Mother's name: \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_  
Father's name: \_\_\_\_\_

Other adult(s) who may be authorized to provide I: I supervision will be asked to provide identification.

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_

Relationship \_\_\_\_\_