



KAAN 2018

Caring for Our Community: Mental Health, Self-Care, & Advocacy

JUNE 29-JULY 1, 2018

*DoubleTree by Hilton Hotel Minneapolis - Park Place
1500 Park Place Blvd., Minneapolis, MN 55416*

YOUTH FIELD TRIP CONSENT FORM & LIABILITY WAIVER

The registered youth (ages 7-17) participants in this year's KAAN conference will take a field trip to Pittsburgh area sites on Saturday, June 30 from roughly 9:00AM—4:30PM. **In order for your child to participate in this trip, we require written parental consent through the completion of this form.** This form should be turned in onsite at conference registration. However, **please let us know in advance any specific medical/dietary information** so that we can prepare accordingly.

TRIP DETAILS

Youth will participate in an offsite field trip to the Mall of America and other local sites. Chaperones include adoptees and other Asian-American role models. Transportation will be by chartered bus or van. Youth will be placed in small teams with others of similar age. Lunch and admission fees will be provided by KAAN. Youth may want to bring a small amount of spending money for additional drinks or snacks.

FIELD TRIP CONSENT

I hereby release KAAN, its Advisory Council, Sejong Cultural Education, Inc., the youth team and mentors, leaders, and volunteers from any liability for injuries or damage I may suffer as a result of my participation in the above referenced trip. I have read all the information provided and certify my compliance with and understanding of the rules and regulations relating to said trip by my signature below. I certify that I am in good physical health and am able to safely undertake and complete this field trip. I hereby certify that all information provided to KAAN as it relates to this trip is complete and true.

Participant Signature

Date

If the participant is under the age of 18, a parent/guardian must also sign the following:

This is to certify that my son/daughter _____ has my permission to participate in the KAAN field trip detailed in this form. I have completed the medical and emergency contact information on the reverse of this page and have reviewed expectations with my child. Further, I hereby certify that my child is in good physical condition. KAAN has my permission to authorize emergency medical/dental or hospitalization treatment if necessary. Further, I hereby release and hold KAAN and its Advisory Council, youth team and mentors, leaders, and volunteers harmless from any liability for injuries or damage which my son/daughter may suffer as a result of participation in said trip.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

FAMILY RESPONSIBILITIES

Each youth participating in this field trip shall:

- Comply with all rules and regulations, including directions and instructions from chaperones and other leaders over all phases of the program/activity.
- Be prepared for this type of field trip (i.e. wear appropriate clothing and footwear).
- Participate in a responsible and cooperative manner during the trip.

Parents/Guardians are responsible to:

- Return the signed authorization form by the required deadline.
- Advise KAAAN of any medical or health concerns or dietary restrictions in advance which may affect his/her participation in the stated program/activity.
- Reinforce with their child the importance of appropriate behavior during the trip.

TRIP EMERGENCY MEDICAL AND CONTACT INFORMATION

Youth's Name _____ Birthdate _____

Family Doctor _____ Telephone Number (____) ____ - _____

Allergies (specify) _____

Medical/Physical Conditions _____

Medications Taken _____

Other Health/Medication/Dietary Concerns _____

Emergency Contacts

During the KAAAN Conference ...

1. _____ Cell Phone (____) _____ - _____ Hotel Room # _____

2. _____ Cell Phone (____) _____ - _____ Hotel Room # _____

If the above are unreachable, please contact ...

1. _____ Ph# (H) (____) _____ - _____ (W) (____) _____ - _____ (C) (____) _____ - _____

2. _____ Ph# (H) (____) _____ - _____ (W) (____) _____ - _____ (C) (____) _____ - _____