



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

St. Francis Adult Day Center

Permission Form for Outings

To the Caregiver of:

By signing below, I am providing permission for _____ to ride a chartered bus during the time period from **January 1, 2017 to December 31, 2017** for outings on Oahu coordinated by the St. Francis Adult Day Center.

I understand that when such outings occur, St. Francis Adult Day Center will notify me in advance via telephone, in writing or in person, and will not ask for a permission form at that time, since this waiver covers all such future outings for the time period specified above.

Also, I acknowledged that it is recommended to bring a jacket, hat and/or sweater in case of weather changes and to wear shoes that are appropriate for walking and getting in and out of the vehicle.

In the event of an emergency or accident involving _____, I grant permission to St. Francis Adult Day Center authorities to transport him/her to a hospital and/or obtain medical treatment if the emergency contact cannot be reached.

I also agree not to hold St. Francis Adult Day Center liable for any injury that may be sustained during participation.

Print Participant's Name

Print Caregiver's Name

Caregiver's Signature

Date