

Annunciation Parish Parent Acknowledgment Form

This is to acknowledge that **I/we have received the Annunciation Parish Handbook** for Religious Education. *We understand and agree to cooperate with the parish policies set forth in the handbook.*

Signed (Parent/Guardian)

Date

Signed (Parent/Guardian)

Date

OR I did *NOT* receive the Annunciation Parish Handbook for Religious Education.

Signed (Parent/Guardian)

Date

Annunciation Parish Safe Environment Program

Consistent with diocesan policy, **Annunciation Parish will conduct Safe Environment Training** as part of the Religious Education curriculum. *I understand my child(ren) can not attend the SE class unless I/we sign this form.* Enter students' names(s):

Student _____ RE Class _____

Student _____ RE Class _____

Student _____ RE Class _____

Student _____ RE Class _____

YES, I give my consent for my child(ren) as listed above to participate in the Safe Environment training program.

OR NO, I do *not* give my consent for my child(ren) as listed above to participate in the Safe Environment training program.

I will preview materials to the Safe Environment class which is on the Diocesan Website at <https://www.catholichawaii.org/diocesan-offices/safe-environment-child-and-youth-protection/education-children-and-youth/> (Call Liz Chock @ 808-987-5630 with concerns.)

Signed (Parent/Guardian)

Date

**ANNUNCIATION PARISH ~ MEDICAL INFORMATION AND
PARENTAL / GUARDIAN CONSENT FORM / LIABILITY WAIVER**

Sex M F

Student's Name: _____ Date of Birth: _____

Parent / Guardian's Name(s): _____

Home: _____

Mailing: _____

Home phone: _____ Cell Phone: _____ Email: _____

I, _____ grant permission for my child, _____ to participate in this parish event that is located off the parish property. This activity will take place under the guidance and direction of parish employees and/or volunteers from Annunciation Catholic Church.

A brief description of the activity follows:

Type of Event: *Offsite Outside Classroom*

Date & Time of Event: *-- During Regular Sunday RE Class Hours as assigned during the School Year --*

Location of Event: *Waimea Park, Waimea Nature Park, Ascension Puako House/Yard, or Puako shoreline*

Individual(s) in charge: *-- The Catechist Assigned to the Grade --*

Estimated time of departure & return (if applicable): *-- The Sunday RE Class Hours --*

Mode of transportation to and from event (if applicable): *Walking to/from church*

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defined Annunciation Catholic Church, its officers, directors, chaperones, employees and agents, and the Diocese of Honolulu, it's employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, chaperones and agents and the Diocese of Honolulu, it's employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of the parish or the Diocese of Honolulu.

Signature: _____ Date: _____

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Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers on the consent form, contact:

Name: _____ Relationship to Participant: _____

Phone: _____ Family Doctor: _____ Dr.'s Phone: _____

Insurance Carrier: _____ Policy #: _____

Signature: _____ **Date:** _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors, chaperones and agents, and the Diocese of Honolulu, chaperones or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ **Date:** _____

Medications: My child is currently taking medications. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Signature: _____ **Date:** _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ **Date:** _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations - Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting or fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

ANNUNCIATION DIGITAL MINISTRY AND PHOTO CONSENT FORM

(Please print clearly.)

_____ Female Male
Student's First Name Middle Name (if on ID) Last Name

Name of School: _____ Grade: ___ Birthdate: __ / __ / __

Student's Email: _____ Cell Phone: () _____

Father's/Legal Guardian's Name: _____

Email: _____ Phone: () _____ home cell work

Mother's/Legal Guardian's Name: _____

Email: _____ Phone: () _____ home cell work

With whom does the child live?

Both Parents Father Mother Other (please specify) _____

I grant permission for my son/daughter to participate in Annunciation Parish Religious Education and Youth Ministry and receive **text messages/email** from the Parish Faith Formation Program (i.e., Youth Ministry, Religious Education). **Note:** Parents will always receive the same online meeting notification and text message/email. Text messages are sent using the Remind or GroupMe app.

From time to time, **pictures and video** may be taken of parish faith formation ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/legal guardian(s) of youth named above authorize and give full consent, without limitation or reservation, to Annunciation Parish, to publish any photograph or video in which the above named student appears while participating in any program associated with the parish faith formation program. There will be no compensation for use of any photograph or video at the time of publication or in the future.

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Student Signature: _____ Date: _____

Father/Legal Guardian Signature: _____ Date: _____

Mother/Legal Guardian Signature: _____ Date: _____

Our parish faith formation programs are providing **virtual programming** and content for its participants, through which youth ministers, catechists, and/or parish staff will facilitate program activities through online platforms. The program(s) will use software, tools and applications provided by third-parties that participants, parents/legal guardians, volunteers and/or staff will access via the internet and use for purposes of communication and programming and potential content creation. These platforms may include but are not limited to: Facebook, Instagram, Twitter, YouTube, GoToMeeting, Zoom, and GroupMe.

All **digital networking and communication** including, but not limited to, email, texting, social media sites, etc., with children/youth will be ministry related, and NOT personal in nature, restricted to matters concerning parish faith formation program news and events.

The person(s) authorized to communicate with children/youth is in compliance with The Safe Environment Policy of the Diocese of Honolulu.

I/We, the parent(s)/legal guardian(s) of child/youth named above **give permission** for my child/youth to participate in **approved digital ministry** with Annunciation Parish through (check all that apply):

- Video Conferencing System (*Zoom, Seesaw*)
- Social Media platforms (*Facebook, Instagram, Google*)
- Group Text Messaging platforms (*Remind App, GroupMe*)

OR No, we DO NOT want our child/youth to participate in any digital ministry.

Student Signature: _____ Date: _____

Father/Legal Guardian Signature: _____ Date: _____

Mother/Legal Guardian Signature: _____ Date: _____