



## 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.*

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Signed (Parent/Guardian)

Date

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Signed (Parent/Guardian)

Date

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

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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 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**

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

Sex: (circle) M F

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name (s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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: \_\_\_\_\_

(continued on next page)

**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 as 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:

\_\_\_\_\_