

ST. JOSEPH CHURCH (HILO, HI)
RELIGIOUS EDUCATION DEPARTMENT
STUDENT EMERGENCY MEDICAL RELEASE FORM

RETURNING STUDENTS FROM LAST YEAR (2016- -2017 RE YEAR)

STUDENT: LAST FIRST MIDDLE AGE/GRADE

IN THE EVENT OF AN EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL THE FOLLOWING:

1) _____
NAME & RELATIONSHIP (i.e. Grandparent/Neighbor/Family Friend) Cell Phone Home Phone

2) _____
NAME & RELATIONSHIP (i.e. Grandparent/Neighbor/Family Friend) Cell Phone Home Phone

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the minor, _____, in the event of a medical emergency which, in the opinion of the standing physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This authority is granted only after a responsible effort has been made to reach me.

THIS RELEASE IS EFFECTIVE FROM AUGUST 2017 TO JUNE 2018.

This release form is completed and signed by my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN NAME

DATE

ONLY COMPLETE THIS SECTION if there are CHANGES to the information below since last year.

SPECIFIC MEDICAL ALLERGIES, CHRONIC ILLNESS, MEDICATIONS, PHYSICAL OR MENTAL IMPAIRMENTS OR OTHER CONDITIONS OF THE MINOR NAMED ABOVE.

MINOR'S PHYSICIAN PHONE NUMBER INSURANCE CO. & POLICY #

Safe Environment Program 2017-2018

ONE FORM PER FAMILY; PLEASE LIST ALL YOUR CHILDREN IN THE RE PROGRAM HERE

Consistent with diocesan policy, St. Joseph Church will conduct Safe Environment training as part of the religious education curriculum. This curriculum is faith based and is designed to be taught in appropriate grade levels. A meeting will be held before the class is conducted to provide parents an opportunity to review the safe environment materials. April is the month of Safe Environment Awareness & Child Abuse Prevention. Classes will be held sometime during the month of April.

___ Yes, I give my consent for my child(ren) to participate in the Safe Environment training program.

___ No, I do not give my consent for my child(ren) to participate in Safe Environment training program.

___ I will attend the parent class and make my decision at that time.

Signed (Parent/Guardian)

Print(Student)

Signed (Student)

Grade

Print(Student)

Signed (Student)

Grade

Print(Student)

Signed (Student)

Grade

Print(Student)

Signed (Student)

Grade

Parent Acknowledgement Form for RE Program Handbook 2017-2018

A Religious Education Handbook will be given to each family. The signed acknowledgement form **MUST** be **COLLECTED BEFORE** any student can enter the classroom for the start of the 2017-2018 RE year.

Forms are will be given at the time of registration. One form per student.