

St. John Vianney Parish
920 Keolu Drive, Kailua, HI. 96734/ (808)262-8317ext.605/608

EMERGENCY RELEASE / AUTHORIZATION FORM

	Print Name	Home #	Work #	Cellular Phone #
Father				
Mother				
Guardian				

First & Last Name of Child	Grade	List Medications	List Allergies

Parent / Guardian Comments: Please describe below any special medical instructions or other special circumstances you believe are important for the Director of Religious Education to know about in connection with all events and activities.

EMERGENCY CONTACT INFORMATION:

Physician's Name _____ Phone# _____

My child's medical is covered by: (Plan Name/Number) _____

Hospital Preference: Kaiser Straub Castle Queen's
 Kapiolani Medical Center Tripler Closest Available

If neither parent can be reached in an emergency, please provide us with an alternate contact person:

Person to Contact: _____ Relationship: _____

Home Ph: _____ Cellular Ph: _____ Work Ph: _____

I am / we are the parent(s) / guardian(s) of the student(s) named above. By signing below, I/ We:

- a) understand that I/ we are responsible for notifying St. John Vianney Parish(SJV) of any changes in the information provided above;
- b) authorize any treatment by any licensed medical personnel deemed necessary in the event of a medical emergency and agree to pay for such medical expenses;
- c) understand that all reasonable safety precautions will be taken at all times by SJV Parish;
- d) release and hold harmless SJV Parish, the Roman Catholic Diocese of Honolulu, its employees and agents, contractors or volunteers, from any liability for injury, or any damages resulting from participation in any activity/event sponsored by the SJV Religious Education Program,·
- e) understand that completion and submission of this form is required for participation in the SJV Religious Education Program.

 Mother's/Guardian's Signature

 Father's/Guardian's Signature

 Date