

Redemption Academy

Year: _____

Grade: _____

P.O. Box 1246
Kailua, HI 96734
(808) 266-2341

EMERGENCY FORM

Birth Date: _____

Name: _____
(First) (Last) (M.I.)

Parent/Guardian: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____

Business Telephone of Parent (Father): _____

Cellular: _____ Pager: _____

Business Telephone of Parent (Mother): _____

Cellular: _____ Pager: _____

MEDICAL PLAN INFORMATION:

Medical Plan Carrier: _____

Address of Medical Plan: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Subscriber's Name: _____ Medical #: _____

Group Number: _____ (If applicable)

PHYSICIAN'S INFORMATION:

Student's Physician Name: _____ Telephone: _____

Name of Physician's Practice: _____

Address of Physician's Practice: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

1. Does your child have any significant medical problems that we need to be aware of? __Yes __No
If "Yes", please state: _____

2. Any medications taken regularly? __Yes __No
If "Yes", please state: _____

3. Allergic to any medications or anything? __Yes __No
If "Yes", please state: _____

4. Other health problems or concerns? __Yes __No
If "Yes", please state: _____

Parent/Guardian Signature: _____ Date: _____

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AUTHORIZATION FOR MEDICAL TREATMENT:

Birth Date: _____

Name: _____
(First) (Last) (M.I.)

THIS IS TO AUTHORIZE THE FOLLOWING INDIVIDUALS & INSTRUCTIONS TO TREAT MY CHILD IN CASE OF ANY EMERGENCY REQUIRING CARE OR TREATMENT.

Redemption Academy is authorized to:

1. Call an ambulance or other emergency transport to take my child to physician or hospital or health care facility? Yes No
2. Take child to the nearest hospital where injury has occurred? Yes No
3. If immediate signature cannot be reached, decision to send child to physician and/or hospital can be made by Redemption Academy? Yes No

HOSPITALS LISTED IN ORDER OF PREFERENCE/CHOICE:

1. Facility Name: _____
Address: _____
City: _____ Zip: _____
2. Facility Name: _____
Address: _____
City: _____ Zip: _____

PHYSICIAN'S LISTED IN ORDER OF PREFERENCE/ CHOICE: (If any)

1. Physician's Name: _____
Name of Practice: _____
Address: _____
City: _____ Zip: _____
2. Physician's Name: _____
Address: _____
City: _____ Zip: _____

*I understand that as the parent/ guardian, I am legally responsible for any financial expenses relative to the medical concern of the child stated above. Redemption Academy assumes no financial responsibility. I understand that Redemption Academy will always act in the best interest of my child.

➡ Parent/ Guardian: _____ Date: _____

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AUTHORIZATION TO RELEASE CHILD & CONTACTS IN CASE OF EMERGENCY:

Name: _____
(First) (Last) (M.I.)

*For the protection of my child, the following individuals are authorized to release my child from school when I am not able to, or to make decisions on my behalf when Redemption Academy is unable to reach me during an emergency: ***PLEASE DO NOT GIVE US LONG DISTANT NUMBERS. WE WILL NOT CALL THEM.***

- 1. Name: _____ Relationship: _____
 Address: _____ Apt. #: _____
 City: _____ State: _____ Zip: _____ Home #: _____
 Cell #: _____ Work #: _____
- 2. Name: _____ Relationship: _____
 Address: _____ Apt. #: _____
 City: _____ State: _____ Zip: _____ Home #: _____
 Cell #: _____ Work #: _____
- 3. Name: _____ Relationship: _____
 Address: _____ Apt. #: _____
 City: _____ State: _____ Zip: _____ Home #: _____
 Cell #: _____ Work #: _____
- 4. Name: _____ Relationship: _____
 Address: _____ Apt. #: _____
 City: _____ State: _____ Zip: _____ Home #: _____
 Cell #: _____ Work #: _____
- 5. Name: _____ Relationship: _____
 Address: _____ Apt. #: _____
 City: _____ State: _____ Zip: _____ Home #: _____
 Cell #: _____ Work #: _____

Any time that my child has to be picked up early, I understand that it is my responsibility to notify the office as to who will be picking up my child. Only people on this list are able to pick up my child unless stated otherwise by myself. Any one who picks up my child must first present a picture ID to office and sign the necessary paperwork to release my child from that school day. These individuals cannot release my child from attending Redemption Academy School as a student. This consent just allows them to pick him/her up from a school day in an event that I, the parent, am unable to.

Parent/ Guardian: _____ Date: _____

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GENERAL EXCURSION PERMISSION FORM:

Name: _____
(First) (Last) (M.I.)

~My child has permission to participate in all excursions/ activities, including those in walking distances from the school, and may be apart of the curriculum on a regular basis (Such as PE, to the park, library, and other activities and facilities). I understand that this general excursion permission only applies to every year of enrollment. This does not take the place of permission slips that need specific permission from parents. This is just a general consent form.

**Parents will be contacted as soon as possible if there is ever a concern or an emergency. Redemption Academy will do it's best to follow the given information in case of an emergency. Redemption Academy will always follow its process of contact to ensure the safety and well-being of the student and school.*

~I hereby agree that the information I provided above and on the previous pages are true. I am responsible for any information that needs to be updated and corrected. I understand that Redemption Academy will always act (1) in the best interest of my child and (2) in the best interest of the school.

Parent/ Guardian: _____ Date: _____

ADDITIONAL COMMENTS: