

## Emergency Medical Release Form

Kauai Academy of Creative Arts  
PO Box 481  
Lihue, HI 96766  
(808) 635-8661

Student Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Age: \_\_\_\_\_

Current Allergy or Medical Information:

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Mother/Guardian: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ I.D No. \_\_\_\_\_

Names of two persons to contact if parent/guardian cannot be reached:

Contact #1 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

In case of a medical emergency, I understand that every effort will be made to contact parents or guardians of the student. In the event that I cannot be reached, I hereby give my permission to the administration of Kauai Academy of Creative Arts to secure the services of a licensed physician, for the emergency treatment of my child as named above.

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(Signature of parent/legal guardian)

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(Date)



# Kauai Academy of Creative Arts

## Photography/Video Release Form

Dear Parent/Guardian

As the parent of a child at the Kauai Academy of Creative Arts summer program, I agree to the following:

*(Please Initial One Statement)*

\_\_\_\_\_ I understand that my child whose name is listed below may be photographed at KACA during normal summer school hours or activities including Open House. I understand that these photographs/videos may be used in promoting our summer art program either in print or on the internet.

\_\_\_\_\_ I do not want any photographs/videos of my child taken.

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I give my permission for my child to be photographed, or their images recorded for print or electronic use in promoting Kauai Academy of Creative Arts. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please mail form in prior to first day of program.)