EMERGENCY CARD

(This card needs to be completed every school year.)

School **Kailua High School** _____ _____

Grade _____ Room _____ _____

Student Address Label

Name _____ Sex: M ☐ F ☐ Birthdate ☐☐ ☐☐ ☐☐☐☐
(Last) (First) (Middle Initial) Month Day Year

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Mailing Address _____ Zip Code _____ Child resides with _____

Father's/Legal Guardian's Name:	Mother's/Legal Guardian's Name:
_____	_____
Employer: _____	Employer: _____
Active Duty: Yes ☐ No ☐ Branch of Military Service: _____	Active Duty: Yes ☐ No ☐ Branch of Military Service: _____
Home Phone: _____ Bus. Phone: _____	Home Phone: _____ Bus. Phone: _____
Cellular Phone: _____	Cellular Phone: _____
E-mail Address: _____	E-mail Address: _____

EMERGENCY CONTACTS: In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	**Relationship**	**Phone**
1.	_____	_____	_____
2.	_____	_____	_____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one.
To assure prompt attention to your child,
PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

_____
Parent's/Legal Guardian's Signature

RS 17-1251, May 2017 (Rev. of RS 13-1113)

Note: Please complete health information on back of card. ➡

INSURANCE INFORMATION:

My child has health insurance: ☐ Yes ☐ No If YES, check: ☐ QUEST/Medicaid **OR** ☐ Private
If private, check your plan: ☐ HMSA ☐ Kaiser ☐ Tri-Care ☐ Other _____

MEDICAL CONDITIONS:

☐ My child does not have any medical conditions.
☐ My child has a medical condition(s).

Please check below:

☐ Asthma ☐ Chronic Cough/Wheezing ☐ Hearing Problems ☐ Seizures
☐ Blood Disorders ☐ Diabetes Type I ☐ Heart Condition ☐ Skin Problems
☐ Bone/Joint Disorders ☐ Diabetes Type II ☐ High Blood Pressure ☐ Vision Problems
☐ Cancer/Leukemia ☐ Genetic Condition ☐ Metabolic Disorder ☐ Other _____

☐ **ALLERGIES:** ☐ Bee Sting ☐ Food ☐ Medications ☐ Other _____

For the above allergy(ies), reaction occurs by: ☐ Skin contact ☐ By inhalation ☐ By ingestion ☐ Other _____
Date of last reaction: _____
Describe the allergic reaction that occurs: _____

☐ **MEDICATION(S) TAKEN:**

My child takes the following medication(s): _____
Reason for taking the medication(s): _____

☐ **OTHER HEALTH CONCERNS:** _____

Other children:

Name	School	Grade