



EMERGENCY / MEDICAL INFORMATION

HAWAIIAN MISSION ACADEMY

1438 Pensacola S, Honolulu, HI 96822

Telephone: (808) 536-2207 / FAX: (808) 524-3294 / www.hma4u.org

Student Name: _____ School Year: _____

Date of Birth _____ Social Security #: _____

Preferred Doctor: _____ Phone Number: _____

Preferred Hospital: _____ Phone Number: _____

PARENT FIRST: In case of emergency we will try to contact the parent first. Please list two alternate people who can assume responsibility for this student if the parent cannot be reached. Your spouse may be the second or third contact.

1st Alternate: _____ Phone: _____

2nd Alternate _____ Phone: _____

Date of Last Physical Exam: _____ Blood Type: _____

List ANY allergies (food, drug, insect, etc.) or other health problems (asthma, disability, chronic disease, limited vision or hearing, etc.)

Does this student need medication? _____ If yes, list: _____

NOTE: The school cannot administer ANY medications (even aspirin or cough drops) unless we receive the following:

1. the medication in its original container
2. clear instructions for administering
3. a note signed by the student's parent **AND** the student's physician authorizing Hawaiian Mission Academy to administer the medication.

CONTINUING CONSENT TO TREATMENT

I hereby grant Hawaiian Mission Academy permission to seek medical attention for the above named student in the event of an emergency, if the school cannot contact me. I further consent to medical or surgical treatment by any licensed physician and/or hospital. I also permit the administering of necessary anesthetics, medical treatments, test, transfusions, injections or drugs and the performance of whatever operation may be deemed necessary or advisable.

Parent Signature: _____ Printed Name _____ Date _____

Work Phone _____ Home Phone: _____ Cell Phone: _____

Insurance Carrier: _____ Employer: _____

Group number: _____ ID Number: _____

PICK-UP AND VISITATION

Declare any restraining orders or prohibitions against visitation or pick-up of this student. (Use back of this sheet if additional space is needed.)