



St. Elizabeth School
99-310 Moanalua Road
Aiea, Hawaii 96701

EMERGENCY CARD 2020-2021

Student/Family Name (Last) (First) (Parish)

Street Address (City) (Zip Code) (Home Phone)

(Email Address) (Father's Cellular Phone) (Mother's Cellular Phone)

Fathers Name: _____ Mother's Name: _____

Place of Work: _____ Place Of Work: _____

Business Phone: _____ Business Phone: _____

If parents cannot be reached , please call the following for pickup:

Name & Relationship (Sister, Neighbor, Etc) Address (Phone/Cellular Number)

Name & Relationship (Sister, Neighbor, Etc) Address (Phone/Cellular Number)

Please list children in this school according to grade, oldest first.

<u>Name</u>	<u>Grade</u>	<u>Name</u>	<u>Grade</u>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency, you may choose a physician. My choice of local physicians are as follows:

1. _____
(Name of Local Doctor) (Address) (Phone Number)

2. _____
(Name of Local Doctor) (Address) (Phone Number)

Insurance Coverage: Company _____ Policy Number: _____

Signature of Parents/Guardians: _____
(Over)

Emergency Card Medical Release Consent

I/We hereby give consent to St. Elizabeth School to contact my family physician for medical or surgical care for my child(ren) where such service is required. If the family physician is unavailable, I hereby give my consent to have my child(ren) treated by a physician chosen by the school. Furthermore, in the event of any emergency, I hereby give my consent for medical or surgical care for my child(ren) at any hospital, clinic or other medical facility at the discretion of the school. I authorize St. Elizabeth School to call 911 in an emergency and have my child transported by ambulance to the nearest hospital. I understand that whenever possible, the school will take my child(ren) to the medical facility preferred by the family and listed in my child's records.

Signature of Parent/Guardian: _____ **Date:** _____

Describe your child's current health.

Student's Name _____

*Any Allergies? _____

*Any medications? _____

List, please annotate any prescribed medication taken on a daily basis.

*Any restrictions? _____

Student's Name _____

*Any Allergies? _____

*Any medications? _____

List, please annotate any prescribed medication taken on a daily basis.

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