

CONTACT INFORMATION

Father's Name (print) _____ Home/Cellphone # _____
Place of Employment _____ Work # _____
Mother's Name (print) _____ Home/Cellphone # _____
Place of Employment _____ Work # _____

Persons authorized to care for child in case Parents cannot be reached:

1. _____ 2. _____
Address _____ Address _____
Home/Cell Phone # _____ Home/Cell Phone # _____
Relationship to child _____ Relationship to child _____

Child's Physician _____ Doctor's office phone # _____

In case of an accident or medical emergency we authorize Haili Christian School to call for an ambulance that will take our child to the Hilo Medical Center for treatment as deemed necessary by the HCS staff.

I/We release Haili Christian School including all staff members and volunteers, from all liabilities due to any accident incurred by my child/ren while participating in this program.

HEALTH/BEHAVIOR CONDITIONS

Check any health/behavior condition you feel the school should know about your child.
Use the space below to specify condition.

| | | |
|-----------------------|-------------------------|-------------------------|
| _____ Asthma | _____ Drug allergy | _____ Eye Condition |
| _____ Diabetes | _____ Food allergy* | _____ Breathing Problem |
| _____ Epilepsy | _____ Insect bite/sting | _____ Speech Problem |
| _____ Heart Condition | | _____ Dental Condition |
| _____ Rheumatic Fever | | _____ Back Problem |

Other (please specify): _____

*Please indicate type of food allergy _____

EXCURSIONS

Permission is granted for the above-named student to participate in field trips supervised by the ASC staff – away from school grounds to nearby points of interest. My approval for such trips remains effective for the entire school year, unless you have further notice from me.

I/We agree to all of the above statements and hereby assure that the information given is accurate and complete.

Father/ Guardian Signature Date Mother/Guardian Signature Date