

Makua Lani Christian School

2011-2012 Student Emergency Information

STUDENT INFORMATION

Name: _____ Grade: _____ Birth date: _____ Cell #: _____

Name: _____ Grade: _____ Birth date: _____ Cell #: _____

Church now Attending: _____ Pastor: _____

Attending Sunday School? _____ yes _____ no Attending Youth Group _____ yes _____ no

PARENT INFORMATION

Father/Legal Guardian: _____
Mailing Address _____ Home phone: _____
City, State, Zip _____ Work phone: _____
E-mail address: _____ Cell Phone/Pager: _____

Mother/Legal Guardian: _____
Mailing Address _____ Home phone: _____
City, State, Zip _____ Work Phone: _____
E-mail address: _____ Cell Phone/Pager: _____

MEDICAL INFORMATION

Insurance Coverage: _____ Policy Number: _____
Medical conditions, allergies, medications that we should be aware of? _____
Doctor's Name: _____ Phone #: _____

EMERGENCY CONTACTS

If Makua Lani staff is unable to contact above parents, I authorize the following people to be called in an emergency:

1. Name: _____ Relationship to student: _____
Work Ph. # _____ Home Ph. # _____

2. Name: _____ Relationship to student: _____
Work Ph. # _____ Home Ph. # _____

3. Name: _____ Relationship to student: _____
Work Ph. # _____ Home Ph. # _____

I hereby agree that if Makua Lani staff is unable to contact me or one of the persons listed as emergency contact, I hereby consent that if my son/daughter exhibits signs of illness or injury, that at the discretion of Makua Lani administration, my child may be taken to the nearest medical facility and be given any examination/treatment that is deemed necessary by the personnel of the medical facility.

DISPENSATION OF MEDICATION

The school office has aspirin substitutes (ibuprofen/acetaminophen) available to students upon request for headaches, aches/pains. A maximum of 2 caplets per day per student will be allowed. Please indicate your preference below.

- _____ My child (ren) can determine for him/herself the need to take aspirin substitutes dispensed by the school
_____ My child (ren) may NOT receive aspirin substitutes from the school.

Parent / Guardian Signature: _____ Date _____

BACK-

Video Permission Form

Please check below which of the following movie ratings, if any, you give permission for your student to view during the school year of 2011-2012.

_____ **G** Rated

_____ **PG** Rated

_____ **PG 13** Rated

_____ **I do not** want my student to view any videos without contacting me, the parent, first.

Parent Signature

Telephone No.

Date