



General, Emergency Contact & Evacuation Information, 2021/22

Child's Name: _____ Date of Birth: _____

Physical Address: _____
Street City State Zip code

Mailing Address: _____
Street City State Zip code

Residence/Subdivision/Neighborhood Location: _____ Email: _____

Parent/Guardian: _____
Name Home Phone
Work Phone Cell Phone Email Address

Parent/Guardian: _____
Name Home Phone
Work Phone Cell Phone Email Address

We always try to contact parents first. However, we are **required** to have an emergency contact **other than** parents. In the event of a medical, emotional, and/or disciplinary emergency and you cannot be reached; the following person/s may be contacted to assume responsibility in your absence (more spaces on back).

Name Relation to Student Home Phone Cell Phone

Name Relation to Student Home Phone Cell Phone

Other people authorized to pick up my child in non-emergency situations, like carpools, play dates, etc. (more spaces on back):

Name Relation to Student Home Phone Cell Phone

Name Relation to Student Home Phone Cell Phone

Grandparent(s): _____
Name(s) Address

Home/Cell Phone Email

Grandparent(s): _____
Name(s) Address

Home/Cell Phone Email

We are **required** to have your permission to contact and/or deliver your child to their physician or nearest clinic/hospital. Please provide the facilities and locations with address and phone numbers here.

Child's physician/clinic: _____
Name Address Phone

Hospital/Clinic: _____
Name Address Phone

Health Insurance Provider: _____ Subscriber #: _____

--Continue on the Back--

***Allergies, dietary restrictions, medical needs/precautions (do not leave blank):**

_____ (initial) At MWS we base our First Aid response in Anthroposophy and Standard American Red Cross practices. We are prepared to choose from a variety of remedies, such as traditional, Homeopathy, topical salves, herbal, Hawaiiana and Anthroposophic remedies.

In an emergency requiring school evacuation/closure, I would like school personnel to:

_____ Notify me to pick up my child. I can be at the school within one hour of notification.

_____ Notify my designated (someone who lives close to the school and can be at the school within one hour of notification) to pick up my child.

Name: _____ Home Phone: _____ Cell Phone: _____

School personnel will remain at school for one hour**ONLY**after order to evacuate is received. School personnel are NOT authorized to transport your child to safety. If no one can be contacted to pick up the student, he/she will be transported by a Hawaii County Police Officer, or other designated State agency personnel, to an evacuation site.
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I will inform the office immediately of any changes to the above information.

Parent/Guardian Signature: _____ Date: _____

***Additional emergency contacts/people authorized to pick up my child:**

Name	Relation to Student	Phone	(E - Emergency / P - Pick up)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is your responsibility to make any changes to this form. If you need to add or delete any information during the school year, please come into the office. Thank you!