



## Emergency Contact and Medical Information

Olelo Christian Academy, 4212 Rice Street, Lihue HI, 96766, (808) 246-6535

### Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	Current Grade	M F Sex
<hr/>		<hr/>	
Parent/Guardian's Name		Parent/Guardian's Name	
<hr/>		<hr/>	
Home Phone	Cell Phone	Home Phone	Cell Phone
<hr/>	<hr/>	<hr/>	<hr/>
Work Phone		Work Phone	
<hr/>		<hr/>	
Email Address		Email Address	
<hr/>		<hr/>	

### Alternative Emergency Contacts - Other than Parent/Guardian

<hr/>		<hr/>	
Emergency Contact Name #1		Emergency Contact Name #2	
<hr/>		<hr/>	
Home Phone	Cell Phone	Home Phone	Cell Phone
<hr/>	<hr/>	<hr/>	<hr/>
Work Phone		Work Phone	
<hr/>		<hr/>	

### Medical Information

<hr/>	
Hospital/Clinic Preference	
<hr/>	
<hr/>	
Physician's Name	Phone Number
<hr/>	<hr/>
<hr/>	
Insurance Company	Policy Number
<hr/>	<hr/>

I authorize all medical treatment by a hospital or paramedic for my child and waive my right to informed consent of treatment. This waiver applies in the event that neither the parent/guardian can be reached in the case of an emergency.

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Parent/Guardian's Signature	Date