

**Allergy Alert or Any Medical Issues:** \_\_\_\_\_

**Who to call 1<sup>st</sup> and Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Wahiawa Baptist Preschool  
Emergency Information**

**Student's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contacts/ And People Authorized to Pick Up Child. (to be used when parents are unable to be reached.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No: \_\_\_\_\_

I give permission for my child to go on field trips this school year with the class. He/She has my permission to go whenever you think it advisable. My approval remains effective from the date above to the end of the school term in May or July. My child's insurance status is indicated below.

\_\_\_\_\_ my child is covered by \_\_\_\_\_  
(Name of medical plan—HMSA, KAISER, QUEST, etc.)

\_\_\_\_\_ my child has military coverage.

\_\_\_\_\_ my child has no medical coverage.

\_\_\_\_\_ other: \_\_\_\_\_

I will inform the school if the coverage is changed anytime throughout the current school year.

Name: \_\_\_\_\_

Date: \_\_\_\_\_