



Children with Aloha Academy  
P R E S C H O O L

550 Halekauwila St, # 102-105 Honolulu, HI 96813  
(808) 388-8677

### EMERGENCY AGREEMENT

Child's Name \_\_\_\_\_

It is the policy of Children With Aloha Academy Preschool to contact parents of a child regarding EMERGENCY MEDICAL CARE when their child is seriously injured or becomes seriously ill and requires immediate attention by a physician. If we are unable to contact either parent or the emergency contacts provided by you, We required permission to call the child's physician. The following information is a requisite.

1. The name of the Child's physician is \_\_\_\_\_
2. The address is \_\_\_\_\_
3. The telephone number is \_\_\_\_\_
4. Medical Record \_\_\_\_\_

We hereby authorize medical treatment for our child if he or she gets seriously injured or becomes seriously ill while at school or on excursions. When deemed necessary by the teacher in charge,

We give consent to have our child taken to Kapiolani Medical Center for Women & Children (1319 Punahou Street) or to the hospital nearest the excursion site, or to a hospital designated by emergency personnel or by ambulance personnel. A Children With Aloha Academy Preschool staff member will remain with the child until the parent or parent's designee assumes responsibility for the child's care. We realize that we will not be responsible for any resultant expense.

**Parent/Guardian Signature**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Printed Name**

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**Cell Phone**

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**Address**

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**Home Phone**

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**Parent/Guardian Signature**

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**Date**

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**Parent/Guardian Printed Name**

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**Cell Phone**

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**Address**

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**Home Phone**

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**Child's Medical Insurance Carrier**

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**Subscriber's Name**

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**Membership Number**

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**Effective Date**

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**Date of Expiration**

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