

**WAIAKEA HIGH SCHOOLS**  
**ATHLETE EMERGENCY INFORMATION FORM**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (Middle Initials) (OPTIONAL)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Father's / Guardian Name: \_\_\_\_\_ Business Telephone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Mother's / Guardian Name: \_\_\_\_\_ Business Telephone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Student-Athlete Resides with: (circle one) Mother Father Both Other: \_\_\_\_\_

Students Cell Phone #: \_\_\_\_\_

***Alternate contacts if parents / guardian cannot be reached:***

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Insurance Information:*** My child has insurance: (circle one) YES NO

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_ Group #: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

***Medical Conditions (Allergies, Prescriptions, Medication, etc) school should know about my child:***

***Medical Treatment Consent:***

I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances. I also do hereby consent to follow the Student Participation and Parent/Guardian Consent, Release, and Assumption of Risk Form.

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

[Type here]

[Type here]



STATE OF HAWAII
DEPARTMENT OF EDUCATION

Distribution for overnight or off-island travel:
Original - Chaperone; 1 copy each to principal & parent

Parent/Legal Guardian Authorization for
Student Participation and Travel

This completed form and payment (if applicable) are due on or before:

Prior to Participation in 1st game to Head Coach of Sport Participating

(Date)

(Advisor/Teacher)

Permission is requested for your child to participate in the following:

Activity: ALL HHSAA & BIIF EVENTS School: WAIAKEA HIGH SCHOOL

Organization: WAIAKEA HIGH ATHLETICS Place: HHSAA & BIIF Sites / Location

Teacher/Advisor: Head Coach of Sport Participating Dates: School Year 2022-23 Times: TBD

Mode of Transportation: Commercial Ground, Commercial Air, Private Own Vehicle (15 Passenger Van may be used) a. Transportation: (\$ 0)

Administrator's Signature: b. Entrance Fee: (\$ 0)

Funds may be collected for off island travel - See Itinerary c. Other Costs: (\$ 0)

d. Total Cost: (\$ 0)

Parental Permission

(To be completed by Parent/Legal Guardian)

Name of Student: Home Phone:

Emergency Contact/Relationship: Phone:

Check as appropriate:

My son/daughter has permission to attend the above activity or as on the SA-1 Supplement Form.

My son/daughter does NOT have permission to attend the above activity.

Medical Insurance Coverage (For information only. Medical insurance is NOT required for travel.)

My child has medical coverage with: (Name of Plan, e.g. HMSA, Kaiser, Military, etc.)

My child is not covered by any medical insurance plan.

Private Vehicle Usage

My son/daughter may drive to the activity alone. (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)

My son/daughter may ride in a vehicle driven by an adult to the activity.

I grant permission for the above named student to participate in the activity/activities listed above, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I further give permission to travel by the mode indicated above. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to above named student, I hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Print or Type Parent's/Legal Guardian's Name

Parent's/Legal Guardian's Signature

Date

Teacher Acknowledgement for Student Travel

(To be completed by subject teachers, if applicable)

Please sign below to acknowledge that the above student will be missing class because of the activity mentioned above. S/he understands that all class work shall be made up at YOUR convenience.

Homeroom: Period 4:

Period 1: Period 5:

Period 2: Period 6:

Period 3: Period 7:

