

Mililani Community Church Preschool
95-1100 Kaapeha Street, Mililani, Hawaii 96789
Phone: (808) 638-1938 ♦ Email: preschool@MCCHawaii.org

2020 Summer School EMERGENCY / PICK UP AUTHORIZATION INFORMATION

Child's Name: _____
Last First M.I.

Sex: ☐ M ☐ F Birthdate: _____ Nickname / preferred name: _____
MM/DD/YY

Home Address: _____
Street City/State Zip Code

Home Phone: _____

Father's / Legal Guardian's name: _____
Last First M.I.

Home Address: _____
Street City/State Zip Code

List in order of preference called Phone : _____ (Home/Cell/ Work)
Phone : _____ (Home/Cell/ Work)
Phone : _____ (Home/Cell/ Work)

Mother's/ Legal Guardian's name: _____
Last First M.I.

Home Address: _____
Street City/State Zip Code

List in order of preference called Phone : _____ (Home/Cell/ Work)
Phone : _____ (Home/Cell/ Work)
Phone : _____ (Home/Cell/ Work)

Child's Physician: _____ Office Phone: _____

Office Address: _____

Health Insurance Provider: _____ Policy Number: _____

Name of subscriber: _____

Medical Conditions or Concerns (For allergies, please have your child's physician also fill out the "Allergy Care Plan" form to submit to the school):

Restrictions, developmental or special needs / concerns:

Prescription Medications your child is regularly taking (if your child needs to take medication prescribed by the physician during school years, please fill out the "Medication Form"):

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Child's Name: _____

Additional Pick - Up and Emergency Contact Information (other than Father or Mother of child)

*Required information: Full name; address; phone number of each person and relationship to the child in order of preference contacted. **All information must be filled in and complete.** Once you authorize a person for "regular pick up" you are giving permission for your child to be picked up by the people you list at any time.*

In case of injury, illness or emergency,

☐ Always call Mother first before Father **OR** ☐ Always call Father first before Mother

Authorized for: ☐ Regular pick-up ☐ Emergency
Name: _____ Relationship: _____
Address: _____
Phone: _____ (Home/Cell/ Work) Email: _____

Authorized for: ☐ Regular pick-up ☐ Emergency
Name: _____ Relationship: _____
Address: _____
Phone: _____ (Home/Cell/ Work) Email: _____

Authorized for: ☐ Regular pick-up ☐ Emergency
Name: _____ Relationship: _____
Address: _____
Phone: _____ (Home/Cell/ Work) Email: _____

I (we) hereby give consent for the staff of Mililani Community Church Preschool to take my (our) child to the nearest emergency facility (or health care center of choice noted below) and to take appropriate action for the safety and welfare of my child in case of emergency and to contact my child's physician for medical consultation should the parents/legal guardian cannot be reached.

I (we) authorize the following person(s) named above to pick up my (our) child regularly from school and/or in case of illness or injury or in case of emergency.

Father's / Legal Guardian's Signature: _____

Print name: _____ Date: _____

Mother's/ Legal Guardian's Signature: _____

Print name: _____ Date: _____