

EMERGENCY CARD

(This card needs to be completed every school year.)

Student Address Label

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

| | | | | | |
|-------|-----|------|--|--|--|
| | | | | | |
| Month | Day | Year | | | |

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Child resides with _____

Mailing Address _____ Zip Code _____

| | |
|---|---|
| Father's/ Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____ | Mother's/ Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ E-mail Address _____ |
|---|---|

EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

| Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent's/Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

My child has health insurance: Yes No If YES, check: QUEST/Medicaid **OR** Private
If private, check your plan: HMSA Kaiser Tri-Care Other

- My child receives regular care for the following medical conditions:
 - No medical condition
 - Yes. **Please check below:**
 - Asthma Diabetes Heart Disease Sickle Cell Anemia
 - Cancer/Leukemia Hearing Problem Rheumatic Heart Vision Problem
 - Chronic Cough/Wheezing Hemophilia Seizures
 - Allergies Bee Sting Food Medications Other _____
 - Date and type of last reaction _____
 - Other Health Concerns: _____
- Takes medications (LIST) _____

• Other children:

| Name | School | Grade |
|-------|--------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

This section is to determine whether your child or youth is eligible for McKinney-Vento Act services.

Under the McKinney-Vento Act, homeless* children and youth are eligible for certain educational rights and services.

Check the box that applies – you may be eligible for services

Does the Student/Parent/Guardian:

- Live with friends or family because you can't afford rent;
- Live on the beach, at a campground, in a park, or in a hotel;
- Live in a tent, car, bus, or other non-permanent structure;
- Live in an emergency or transitional shelter;
- Live in a domestic violence shelter;
- Live at any of the following:
 - Kaua'i: Kaua'i Economic Opportunity Shelter;
 - Hawai'i: Kawaihae Transitional House, Office for Social Ministry;
 - Maui: Kahale A Ke Ola, Na Hale O Waianae;
 - O'ahu: Family Promise, Institute for Human Service (IHS), Loliana, Maililand, Next Step, Ohana Ola, Onemalu, Hope for a New Beginning, Waianae Civic Center, Weinberg Village, Lighthouse Shelter;
- Have no regular place to stay at night;
- None of the above

* "Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 42 USCS §11302(a)(2)(C));
- (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

If you have any questions regarding definition of homeless or whether you qualify for McKinney-Vento Act services, please call 1-866-927-7095.

Parent's/Guardian's Signature

Date