

**Mililani Community Church Preschool**  
**95-1100 Kaapeha Street, Mililani, Hawaii 96789**  
**Phone: (808) 200-7186 ♦ Email: preschool@MCCHawaii.org**

**2018-2019 School Year 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 yours, please fill out the "Medication Form"):  
\_\_\_\_\_  
\_\_\_\_\_

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

***Additional Pick - Up and Emergency Contact Information***

*Please list name, address and phone number of each person (besides Father and Mother) in order of preference contacted. All information must be complete including relationship to child. 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)

Authorized for:  Regular pick-up  Emergency

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home/Cell/ Work)

Authorized for:  Regular pick-up  Emergency

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home/Cell/ Work)

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