



Student's Name	Last	First	Birthdate	Sex	Entering Grade
Primary Contact (Mother/Father/Guardian)		E-mail/Cell	Daytime Phone	Home Phone	
Secondary Contact (Mother/Father/Guardian)		E-mail/Cell	Daytime Phone	Home Phone	
Local Emergency Contact (Other Than Parents)		E-mail/Cell	Daytime Phone	Home Phone	
Primary Physician		Physician's Phone	Physician's Address		
Consultants		Phone	Address		
Health Insurance Plan			Subscriber/Member Number		

Student is:
 Hawai'i Resident
 Non-Hawai'i Resident

Name(s) and Grade(s) of Sibling(s) Attending 'Iolani School

Special medical conditions and allergies of all types that should be shared with faculty and staff for the purpose of safety and optimal learning conditions are as follow:

Medical Conditions: _____

Allergies (Please state if life-threatening): _____

Name/dosage of medications including emergency meds: _____

It is 'Iolani's policy to make its programs, services, and activities accessible to a "qualified person with a disability," unless (1) there is a fundamental alteration in the nature of the program or service, (2) there is an undue burden, or (3) a "qualified person with disability" poses a direct threat to him or herself, or to others.

Does your child have a documented disability that requires an accommodation to attend an 'Iolani summer program? (response required)

Yes. If YES, please describe what accommodation(s) the applicant requires.

No.

Documentation of disability may be requested.

'Iolani School maintains health records for each student, including the health forms routinely submitted. In certain situations, it will be necessary to share the information contained in the health records with the faculty and/or staff of the School, when, in the School's judgment, such disclosure is required for the student's health or educational needs. In emergency situations involving the health or safety of the student, the School may disclose such information to other parties.

I, _____, authorize 'Iolani School personnel to contact my physician and to arrange for proper medical care if I am not available at the time of an emergency.

Name of preferred hospital or clinic: _____

I understand that the School may not be able to transport my child to the preferred facility in emergency situations. I also understand 'Iolani School's medical information disclosure statements as above.

Signature of Parent/Guardian

Date