KAMEHAMEHA SCHOOLS MAUI

STUDENT HEALTH SUMMARY

Student's Last Name	First Name	Birthdate	Gender	Grade

PARENT / LEGAL GUARDIAN INFORMATION

Parent / Legal Guardian		Parent / Legal Guardian	
Primary Phone Contact # note type (e.g. home/work/cell)		Primary Phone Contact # note type (e.g. home/work/cell)	
Alternate Phone Number note type (e.g. home/work/cell)		Alternate Phone Number note type (e.g. home/work/cell)	

Emergency Contacts/Sponsors

If unable to reach a parent/legal guardian, other adults who are authorized to pick up the student and to approve medical treatment

Other Adult Contact #1		Other Adult Contact #2	
Relationship to student		Relationship to student	
Primary Phone Contact # note type (e.g. home/work/cell)		Primary Phone Contact # note type (e.g. home/work/cell)	
Alternate Phone Number note type (e.g. home/work/cell)		Alternate Phone Number note type (e.g. home/work/cell)	

Health Insurance Company	Subscriber Name	Subscriber ID	Group ID

Primary Care Provider's Name	Primary Care Provider's Office Phone Number

Medical Conditions (e.g. Asthma, Diabetes, Migraines)

1)

2)

3)

Current Medications (include dosage, frequency & reason)

1)

2)

3)

Medication Allergies	Food Allergies	Other Severe Allergies

Space for Additional Information