



INSTRUCTIONS

Complete one form per student. Both parents/guardians responsible for the child must sign/initial where appropriate. Once the form is completed, save it to your device and email it to admissions@tls-hawaii.org.

STUDENT INFORMATION

Last Name : First Name:

Grade:

PHYSICAL LIMITATIONS & MEDICAL HISTORY

If your child has any physical limitations, please provide a note from the child's physician indicating such limitations.

Do you know of any existing or mental disability and/or any medical or surgical condition(s) that may limit, restrict, or impair the student's activities, require treatment or medication, or require special accommodation?

Yes No

If YES, please identify the type of disability and/or please describe such conditions as:

ASTHMA

Describe condition if needed:

ALLERGIES TO FOOD

List foods:

ALLERGIES TO MEDICATION(S)

List medication(s):

REACTION/ALLERGY TO BEE STINGS

Please describe reaction:

OTHER

Please describe:

MEDICATION

The MEDICAL DISTRIBUTION EXEMPTION FORM is required and initiated when any medication (prescription and/or prescribed over-the-counter) must be administered in school and it is not possible to schedule all dosages at home. Medication shall be stored in the Health Room and administered by a Trinity Lutheran Church & School staff member.

All medication will be held and dispensed in the Health Room. All medications must be brought to the school office in the original container with the name, dosage, time and method of administration clearly written on the container.

MEDICATION(S)

Please list any daily medication your child will be taking during school hours. Please note, a MEDICAL DISTRIBUTION EXEMPTION FORM is required separate from this form.

PARENT CONSENT

I agree to allow designated first aid providers to render appropriate first aid and dispense authorized medication to my child.

#1 Parent/Guardian Initials

#2 Parent/Guardian Initials

EMERGENCY REFERRAL & ACCIDENT INSURANCE

In the case of an emergency and your child must go to the hospital, your child will be taken to the nearest hospital in accordance with State of Hawai'i and City & County of Honolulu guidelines.

We recommend that all children at Trinity Lutheran School carry medical insurance. Please list the name of your insurance carrier. This information will be used to obtain medical attention in the case of emergency.

If insurance is through Tricare; provide the last four digits of your policy number only.

Insurance Company

Policy Holder

Policy Number

Group

There is NO insurance on my child. The following individual will be financially responsible for emergency care.

Name

Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

Consent in hereby granted to Trinity Lutheran School to secure medical care for my child should an emergency of illness or accident arise where such service is indicated, including being transported to the nearest emergency medical facility for treatment. Such transportation may include the use of an ambulance, if the situation warrants it. It is clearly understood that any treatment &/or services provided will be rendered so by, &/or the direct supervision of a physician licensed to practice in the State of Hawai'i, and the expense of such service will be accepted by me. It is also understood that Trinity Lutheran School will not be liable or held responsible for the care of any costs of transportation &/or medical treatment.

#1 Parent/Guardian Initials

#2 Parent/Guardian Initials