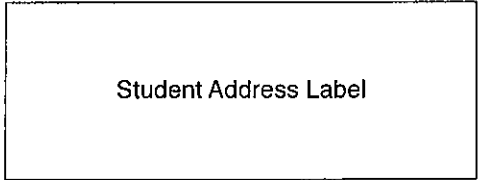


EMERGENCY CARD

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



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 _____
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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 Chronic Cough/Wheezing Heart Disease JRA Arthritis Sickle Cell Anemia
 - Behavioral Problems Diabetes Hemophilia Rheumatic Heart Skin Problems
 - Cancer/Leukemia Hearing Problem Hypertension Seizures Vision Problem
 - Allergies: Bee Sting Food Medications Other _____
 - Date and type of last reaction _____
 - Other Health Concerns: _____
 - Takes medications (LIST) _____

• Other children:

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please Complete Other Side of Card)

MV1 	STATE OF HAWAII Department of Education HOMELESS CONCERNS OFFICE 475 22 nd Avenue, Rm. 126 • Honolulu, Hawai'i 96816 Telephone: 808-203-5521 Toll Free: 1-866-927-7095 FAX: 808-735-8229	QUESTIONNAIRE TO DETERMINE ELIGIBILITY McKinney-Vento Homeless Assistance Improvements Act ("MVA")	Schools are required to keep a chronological file of completed Questionnaires for each school year.
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Student's Name: _____ **School:** _____

SECTION 1. Action Requested: *(A copy of this form must be attached to each of the following forms.)*

- Enrollment Geographical Exception* Exit, Release or Transfer from School
 Free/Reduced-Price Meals Transportation to/from School

SECTION 2. Does the Student/Parent/Guardian: *(Check the box that applies – you may be eligible for services)*

- Live with friends or family due to loss of housing or economic hardship;
 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 a domestic violence shelter;
 Live in an emergency or transitional shelter: *(Please circle or if your shelter is not listed, please write in the name.)*
 Kaua'i: Manaolana, Kuapo, Other _____ ;
 Hawai'i: Kihei Pua, Beyond Shelter, Other _____ ;
 Maui: Ho'olanani, Ka Hale A Ke Ola, Na Hale O Wainee, Other _____ ;
 O'ahu: Family Promise, Institute for Human Services (IHS), Loliana, Ohana Ola O Kahumana, Next Step, Vancouver House, Onemalu, Onelauena (Hope for a New Beginning), Pai'olu Kaiaulu (Waianae Civic Center), Weinberg Village Waimanalo, Ulu Ke Kukui (Villages of Maili), Ka Ohu Hou O Manoa, Lighthouse Shelter, Kahi Koulu Ohana Hale O Wai'anae,
 Other _____ ;
 Have no regular place to stay at night;
 The student is awaiting foster care;
 The student is an unaccompanied youth.

SECTION 3. Student/Parent/Guardian IS NOT in a homeless situation.

 Parent/Guardian's Signature Print Name Date

If any box other than **Section 3. "Student/Parent/Guardian IS NOT in a homeless situation"** is checked, the student may be eligible for MVA services. School personnel are to assist the parent, guardian or unaccompanied youth with the completion of the McKinney-Vento Act (MVA) School Packet. Please contact the Homeless Concerns Liaison for your school for further assistance.

 DOE Representative's Signature** Print Name Date

* *Geographical exceptions apply to MVA eligible students ONLY WHEN there is a request to have the student attend a school other than the student's school of origin or home school.*

**The DOE representative's signature indicates that the parent, guardian or unaccompanied youth has been provided with MVA information and a copy of this completed MV1 Questionnaire.

All collected information will only be used for the purposes of providing educational services pursuant to the McKinney-Vento Act and is protected by federal and state laws.

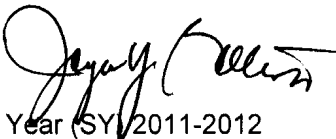


STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

OFFICE OF CURRICULUM, INSTRUCTION AND STUDENT SUPPORT

May 2, 2011

TO: Complex Area Superintendents, Charter School Administrative Office Executive Director,
Public Charter School Administrators, Principals, School Administrative Services Assistants,
and School Health Aides

FROM: Joyce Y. Bellino, Assistant Superintendent 

SUBJECT: Distribution of School Health Forms, School Year (SY) 2011-2012

The Department of Education, Reprographic Section, will be sending the following School Health forms to the district/complex area office for distribution to their respective schools.

Emergency Card: Note that card needs to be completed every year by every student enrolled. Schools with a larger number of transient students may need more cards, above and beyond their projected enrollment. Older versions of the card must not be used as the McKinney Vento information printed on the backside of the card has been revised for the 2011-12 school year.

Form 24, Health Center Card: The last revision was made in February, 1999, and there are no changes to the card this year. Schools may use supplies from last year's distribution.

Form 14, Student Health Record: The last revision was made in April, 2010, and there are no changes being made to the form this year.

Due to budgetary constraints, reprints will not be made. Electronic copies of the forms are available at:

<http://doe.k12.hi.us/parents>

We sincerely appreciate the cooperation of the district/complex area staff in ensuring the timely distribution of forms to the schools. Attached is a distribution list to which the forms are being sent.

Should you have any questions, please contact Ms. Lyndia K. Uchimura, Educational Specialist, School Health Services or Dr. Steven M. Shiraki, Administrator, Comprehensive Student Support Services Section, at (808) 203-5515 or via Lotus Notes.

DSH:LKU:cv

Attachment

c: Superintendent
Assistant Superintendents
Superintendent's Office Directors

**Emergency Card, Form 24, and Form 14 Distribution List
SY 2011-12**

Emergency Card, Revision of RS 10-1032

Honolulu District Office

4967 Kilauea Avenue
Honolulu, Hawaii 96816

Attention: Special Services, Christina Abelaye, 733-4940

Central Oahu District Annex

1136 California Avenue
Wahiawa, Hawaii 96788

Attention: Special Services, Katherine Andaya, 622-6432

Leeward Oahu District Annex

94-521 Farrington Highway
Waipahu, Hawaii 96797

675-0335 / 675-0384

Attention: Sheila Gusman

Attention: Karen Magno

Windward Oahu District Office

46-169 Kamehameha Hwy., Bldg., M, 3rd Fl.
Kaneohe, Hawaii 96744

Attention: SPED/Special Services, Virginia Soares, 233-5718 x221

Hawaii Regional SPED Office (East-Hilo/Laupahoehoe/Waiakea)

480 Waianueanue Ave., Bldg. B
Hilo, Hawaii 96720

Attention: Special Services, Sharlene Miyazu, 8-1-808-941-4401

Hawaii District – Special Education (South)

16-565 Keaau/Pahoa Road, Bldg. B
Keaau, Hawaii 96749

Attention: Julie Yamamoto, 8-1-808-982-4252

West Hawaii District Office

75-140 Hualalai Road
Kailua-Kona, Hawaii 96740

Attention: Grace Pilor, 8-1-808-327-4991

North Hawaii Regional SPED Office (Honokaa and Kohala)

45-527 Paakalana Street
Honokaa, Hawaii 96793

Attention: Sherry Agdeppa, 8-1-808-775-8895

Maui District Office

54 High Street, 4th Floor
Wailuku, Hawaii 96793

8-1-808-984-8001

Attention: Susan Gouveia (BKM)

Attention: Julie Miyagawa (HLLM)

Kauai Complex Area Office

3060 Eiwa Street, Room 305
Lihue, Hawaii 96766

Attention: Lori Manibog, 8-1-808-241-3120