



EMERGENCY CONTACT FORM

PO Box 337, Pebble Beach, CA 93953
www.kekaiouhane.org
board@kekaiouhane.org
(831) 298-0693

(Please print clearly)

First Name: _____ Last Name: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Family Physician:

Name: _____ Hospital: _____

Phone: _____ Address: _____

Insurance Carrier: _____ Policy / Group No. _____

Chronic or Recurring Illness:

Asthma

Diabetes

Heart Disease

Seizures

Other (specify): _____

Allergies: _____

Your Signature or that of Parent or Guardian

Date

Your personal information collected is only used by Ke Kai O'Uhane OCC authorized users for administration and communication purposes. We are committed to protecting your personal information and no unauthorized users will have access.