Student's Name:____ Grade: _______

Student Emergency Card
Lake Orion Baptist School
School Year: ______________

Student's Name: ____

Date of Birth: _____________________ **Home Phone:** ___________________________

Student's Home Address: ____

____

Father: ____

Place of Employment: ____

Work Phone: ___________________ **Cell Phone:** ______________________________

Email: _________________________

Mother: ____

Place of Employment: ____

Work Phone: ____________________ **Cell Phone:** ______________________________

Email: __________________________

Siblings:	Name	Birth Date	Grade

Parent Living Elsewhere: ____
Relationship to Child: ____
Address: ____
Home Phone: _______________________ **Work Phone:** _______________________
Cell Phone: _________________________ **Email:** _____________________________

Please list below local contacts in the order to be called in case of illness/emergency so student can be released:

1. Emergency Contact Person: ____________________________________ Relationship: __________

   Phone: ______________________ Cell: _______________________________________
2. Emergency Contact Person: ____________________________________ Relationship: __________

   Phone: ______________________ Cell: _______________________________________
3. Emergency Contact Person: ____________________________________ Relationship: __________

   Phone:______________________ Cell: _______________________________________
4. DOCTOR: ____ Phone: _______________

   Hospital of choice: ____ Phone: _______________

   Medical Insurance Info, Company & Plan #: ____

5. DENTIST: ______________________________ Phone: ____________________

Dental Insurance Info, Company and Plan #: ______________________________

Medical Conditions/Problems: check **ALL** that apply

☐ nothing known	☐ asthma	☐ bee sting allergy
☐ cardiac	☐ peanut allergy	☐ hemophiliac
☐ diabetic	☐ aspirin allergy	☐ nose bleeds
☐ headaches	☐ penicillin allergy	☐ wears glasses
☐ contact lenses	☐ iodine allergy	☐ hearing problems
☐ latex allergy	☐ sulpha allergy	☐ epileptic/seizure disorder

☐ other allergies: ______________________________

☐ takes medication regularly (please indicate which medication, for treatment of what disorder, and how often) ______________________________

Does your child require medication (including non-prescription) during school hours? ☐ Yes ☐ No
If yes, an "Authorization to Administer Medication" form must be completed and signed by the parent. Forms can be obtained from the school office.

Does your child have any physical restrictions? ☐ Yes ☐ No
If yes, please explain: ______________________________

Are there any before/after school arrangements which we should be aware of? Yes No

If yes, please explain: ______________________________

Please list the names of people your student may carpool with:

____

____

____

____

In an emergency, the information on this card could be imperative to the welfare of your child; thus we ask that you carefully fill it out and promptly return it to the school. Also, PLEASE KEEP THE SCHOOL INFORMED OF ANY CHANGES THAT MAY OCCUR DURING THE COURSE OF THE SCHOOL YEAR REGARDING ADDRESS AND PHONE NUMBERS. This information is also important in the event that the school must be dismissed early due to weather conditions or mechanical failure in our building. Your child should know what to do in these situations. Please inform your child of the procedure he/she is to follow when no one is at home in the event of early school dismissal.

I authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident, when I or the other persons listed on this card cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

Father Signature: ______________________________ Date: ____________________

Mother Signature: ______________________________ Date: ____________________