

**Student Emergency Card**  
Lake Orion Baptist School

Student's Name:

Grade:

School Year

<b>Student's Name:</b>			
<b>Date of Birth:</b>		<b>Home Phone:</b>	
<b>Student's Home Address:</b>			
<b>Father:</b>			
<b>Place of Employment:</b>			
<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Email:</b>			
<b>Mother:</b>			
<b>Place of Employment:</b>			
<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Email:</b>			
<b>Siblings:</b>	<b>Name</b>	<b>Birth Date</b>	<b>Grade</b>
<b>Parent Living Elsewhere:</b>			
<b>Relationship to Child:</b>			
<b>Address:</b>			
<b>Home Phone:</b>		<b>Work Phone:</b>	
<b>Cell Phone:</b>		<b>Email:</b>	

**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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> nothing known  | <input type="checkbox"/> asthma             | <input type="checkbox"/> bee sting allergy          |
| <input type="checkbox"/> cardiac  | <input type="checkbox"/> peanut allergy     | <input type="checkbox"/> hemophiliac                |
| <input type="checkbox"/> diabetic   | <input type="checkbox"/> aspirin allergy    | <input type="checkbox"/> nose bleeds                |
| <input type="checkbox"/> headaches  | <input type="checkbox"/> penicillin allergy | <input type="checkbox"/> wears glasses              |
| <input type="checkbox"/> contact lenses   | <input type="checkbox"/> iodine allergy     | <input type="checkbox"/> hearing problems           |
| <input type="checkbox"/> latex allergy  | <input type="checkbox"/> sulpha allergy     | <input type="checkbox"/> epileptic/seizure disorder |
| <input type="checkbox"/> other allergies:   |   |   |
| <input type="checkbox"/> 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: