Last Name: ____________________________

Lake Orion Baptist School
Emergency Form
2021-2022 School Year

Student's Name: ______________________ ___________________ ___________________________
First **Middle** **Last**

Date of Birth: ___________________ **Grade:** ______________

Student's Home Address: ____
Street

_________________________________ _____________________ ____________
City State Zip Code

Father: __________________________________ Place of Employment: ____________________________

Work Phone: ____________________ Cell Phone: ______________________

Email: ____

Mother: _________________________________ Place of Employment: ____________________________

Work Phone: ____________________ Cell Phone: ______________________

Email: ____

Sibling Name: ________________________________ Date of Birth: __________________ Grade ______

Sibling Name: ________________________________ Date of Birth: __________________ Grade ______

Sibling Name: ________________________________ Date of Birth: __________________ Grade ______

Sibling Name: ________________________________ Date of Birth: __________________ Grade ______

Parent Living Elsewhere: ________________________________ **Relationship to Student:** _____________

Address: ____

Home Phone: _________________ Work Phone: ________________

Cell Phone: __________________ Email: ____

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

1. Emergency Contact Person: ________________________________ Relationship: _____________

   Phone: ________________________________ Cell Phone: _______________________________

2. Emergency Contact Person: ________________________________ Relationship: _____________

   Phone: ________________________________ Cell Phone: _______________________________

3. Emergency Contact Person: ________________________________ Relationship: _____________

   Phone: ________________________________ Cell Phone: _______________________________
4. Doctor: ____ Phone:____________________

Hospital of choice: ___________________________________ Phone: ___________________

5. Dentist: ____ Phone: ___________________

Dental Insurance Info., Company & Plan # ____

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

Nothing Known	asthma peanut	bee sting allergy
cardiac	allergy	hemophiliac
diabetic	aspiring 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 medications, 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 form 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 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 person(s) listed on the form 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: ___________________