Last Name:

## Lake Orion Baptist School Emergency Form 2024-2025 School Year

Student's Name:		
First	Middle	Last
Date of Birth:	Grade:	
Student's Home Address:		
	Street	
City	State	Zip Code
ather:	Place of Employment:	
Work Phone:	Cell Phone:	
Email:		
	Place of Employment:	
Work Phone:	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:	Relatio	onship to Student:
Address:		
Home Phone:	Work Phone:	
Cell Phone:	Email:	
Please list below local contacts illness/emergency so student ca	in order to be called (if parents canno an be released.	t be reached) in case of
1. Emergency Contact Pers	on:	Relationship:
Phone:	Cell Phone:	
2. Emergency Contact Pers	on:	Relationship:
Phone:	Cell Phone:	
3. Emergency Contact Pers	on:	Relationship:
Phone:	Cell Phone:	

4. Doctor:	4. Doctor:		Phone:	Phone:			
Health Insurance Company			Plan:				
5. Dentist:		Phone:					
Medical Conditions/Problems:	Check ALL that app	bly					
Nothing Known	asthma		bee sti	bee sting allergy			
cardiac	peanut allergy			hemophiliac			
diabetic	aspirin allergy		nose b	nose bleeds			
headaches	penicillin allergy		latex a	latex allergy			
contact lenses	iodine allergy		hearin	nearing problems			
wears glasses	sulpha allergy			epileptic/seizure disorder			
Other allergies or medio	al conditions:						
Takes medication regulation regulation regulation regulation regulation regulation regulation regulation regula				tment of w	hat diso	order, and	
Does your child require medicat				ours?	Yes	No	
If yes, an "Authorization to Adm Forms can be obtained from the		Form must	be completed a	nd signed b	by the p	arent.	
Does your child have any physic	al restrictions?	Yes	No				
If yes, please explain:							
Are there any before/after scho	ol arrangements wł	nich we shou	uld 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.

Parent Signature:	Date:		
Parent Signature:	Date:		