

EMERGENCY INFORMATION CARD

Student's Name: _____ Home Address: _____

Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

Emergency Contact(s): _____ Phone #: _____

Insurance Company & Policy #: _____ Birth date: _____

Is your student taking any medications? If yes, please list with any instructions: _____

Does your student have any allergies or medical conditions? If yes please list and explain: _____

Any information that may be pertinent: _____

If I am unavailable, I hereby authorize a qualified representative of L.A. Baptist High School to grant permission for emergency medical treatment upon advice of a qualified physician.

Signature of Parent or Guardian: _____ Date: _____

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