



## Bilingual Christian Academy & Technology, Inc.

3241 S. John Young Parkway

Kissimmee, FL 34746

(407) 530-4227

### CONTACT & EMERGENCY INFORMATION CARD

In case of an emergency, it is imperative that the school be able to reach the student's Parent (as defined below).

Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly.

*\*\*Parent "includes any adult exercising supervisory authority over a student"*

#### Student:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/Advisor: \_\_\_\_\_ Social Security# \_\_\_\_\_ xxx - xx - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student Lives With: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Address/Custody Change: No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please contact the School Office.

#### Legal Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

#### Other Children at School:

Name	Relationship	Grade	School

#### Authorized Release Contact:

Please list the names of the people to whom we may release your child or who we may contact if we cannot reach you. **THE STUDENT WILL NOT BE RELEASED TO ANYONE OTHER THAN THE PEOPLE LISTED BELOW.** In selecting someone to whom you authorize the release of your child, consider: Is this person prepared to handle any special needs required by your child? I hereby authorize contact with, release of emergency related information, or the release of the student to the following people the event of illness, injury, evacuation or other emergencies that may occur while the student is in school.



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**Authorized Release Contact List:**

Name	Relationship	Phone	Address

*\*I declare that the information on this form is true and correct. I will notify the school office immediately of any changes.*

**IN CASE OF ILLNESS OR AN ACCIDENT, B.C.A.T. HAS MY PERMISSION TO TAKE MY CHILD TO THE HOSPITAL, THE SCHOOL ALSO HAS MY PERMISSION TO PERMIT MY CHILD TO LEAVE THE BUILDING WITH ONE OF THE LISTED EMERGENCY CONTACTS, IF I CANNOT BE LOCATED.**

**INSURANCE INFORMATION:**

Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_

ID #: \_\_\_\_\_ PCP: \_\_\_\_\_

Insurance Claim Address: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Insurance Fax: \_\_\_\_\_

Primary Insured: \_\_\_\_\_ DOB: \_\_\_\_\_

Is your child allergic to any food? \_\_\_\_\_

Is your child allergic to any medication? \_\_\_\_\_

Any medical condition we should know? \_\_\_\_\_

Please list any current medication or medical treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**\*A copy of the student's Medical Insurance must remain in file in case of an emergency.**