



LABBB STUDENT EMERGENCY CARD

Student Cell # _____

Last name	First name	Middle	Date of Birth	Teacher	Campus/Site
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Street Address	Town	Zip Code	Telephone Number
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Mother/Guardian Name	Address	Home Phone	Work Phone
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Mother/Guardian Cell Phone	E- Mail Address
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Father/Guardian Name	Address	Home Phone	Work Phone
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Father/Guardian Cell Phone	E-Mail Address
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Physician Name	Physician Phone	Dentist Name	Dentist Phone
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Insurance Company	Policy Number	Hospital Preference
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Allergies/ Medical Conditions

ALTERNATIVE EMERGENCY CONTACTS

1.	Name	Relationship	Address	Telephone Number
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2.	Name	Relationship	Address	Telephone Number
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3.	Name	Relationship	Address	Telephone Number
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PARENT/GUARDIAN SIGNATURE

DATE