



Orange County Preparatory Academy

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: M/F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Allergies or Special Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.**