PLEASE COMPLETE LEGIBLY AND SIGN BOTH SIDES OF THIS CARD

Mount Sinai Schools – Emergency Contact Card Grade_____

Child's Name_____Teacher_____Date of Birth_____
Last First

Address_____Home Phone #_____

Father's Name_____Bus. Address_____

Business Phone(____) _____Cell Phone (____) _____Pager (____) _____

Mother's Name_____Bus. Address_____

Business Phone(____) _____Cell Phone(____) _____Pager (____) _____

Physician to be called in emergency_____Phone #_____

In the event that my child becomes ill or injured in school and I am unavailable, I hereby authorize the following individuals to transport and care for my child. Please designate only people who are available during school hours.

_____Address_____Phone #_____

_____Address_____Phone #_____

I understand that the school may release my child only to the adults so named.

_____
Parent/guardian Signature Date

A physical exam in required for all new students and students in grades 2, 4, 7, &10. It is recommended that students see their own health care provider for a thorough exam. Students who do not submit such proof within 30 days of opening of school will be examined by the school physician. Revised 9/06

(OVER)

**** Cough drops & lozenges are sometimes given to children who complain of minor cough or sore throat discomfort. Do you want your child to receive lozenges/cough drops, please check the correct box YES ☐ NO ☐.**

Please note any communicable diseases, serious illness, injuries or operations that your child has had since September 1 of last year, please include dates:

Has you child had any additional immunizations or tests since September 1 of last year? Please list dates. A Doctor's note is required for immunizations to be included in our Health Records:

_____

Does your child wear glasses? Yes_____ No_____ If yes, name of Doctor_____

Date of Exam_____

Name of Dentist_____Date of Exam_____

Is there anything concerning the eyes, ears, or general health of your child which the school should know in order to provide special care? _____

_____

Is your child taking medication/s? _____What, when, and why_____

_____

Parent/Guardian Signature Date