

MOUNT SINAI U.F.S.D. / EMERGENCY CONTACT CARD

Student's Name:		Teacher:	Grade:	Bus:
<i>Last</i> <i>First</i>		Home Phone:	Date of Birth:	
Street Address:		City:		
Mother's Name:		Father's Name:		
<input type="checkbox"/> (✓) Student's Primary Residence		<input type="checkbox"/> (✓) Student's Primary Residence		
Mother's Cell:		Father's Cell:		
Mother's E-mail Address:		Father's E-mail Address:		
Mother's Business Address:		Father's Business Address:		
Mother's Business Phone:		Father's Business Phone:		
Physician to be called in emergency:	Address:	Physician's Phone:		
<i>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.</i>				
1. Name:	Address:	Phone:		
2. Name:	Address:	Phone:		
3. Name:	Address:	Phone:		

MOUNT SINAI U.F.S.D. / EMERGENCY CONTACT CARD

1. A physical exam is 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.
2. Cough drops and lozenges are sometimes given to students who complain of minor cough or sore throat discomfort. Do you want your child to receive lozenges/cough drops, please check the appropriate box. Yes No
3. Please note any communicable diseases, serious illness, injuries or operations that your child has had since September 1 of last year. Please include dates.

	Date:

4. Does your child wear eye glasses? Yes No If yes, please complete the information below.
Physician's Name:

	Date of exam:
--	---------------

5. Dental Information
Dentist's Name:

	Date of exam:
--	---------------

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

7. Is your child taking medication/s? Yes No What, why and when?
Medication:

	Why:	When:
--	------	-------

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

Parent/Guardian Signature

Date