

**PATCHOGUE-MEDFORD SCHOOLS
EMERGENCY CONTACT CARD**

This information provided by the parent or guardian is kept on file. A new card must be completed for any change of information. Anytime a child is released to contact person, photo identification is required.

Please make any necessary corrections on the lines provided.

STUDENT NAME: _____ Grade: _____ School: _____

Birth Date: _____ Teacher: _____

Address: _____

Home Phone Number: _____

FATHER'S NAME: _____ Home: _____
 _____ Work: _____
 _____ Cell: _____

MOTHER'S NAME: _____ Home: _____
 _____ Work: _____
 _____ Cell: _____

SHOULD AN EMERGENCY ARISE, I AUTHORIZE THE RELEASE OF MY CHILD ONLY TO THE FOLLOWING: * FOUR NAMES MUST BE PROVIDED *

Name/Relationship: _____ Home: _____
 _____ Work: _____
 _____ Cell: _____

Name/Relationship: _____ Home: _____
 _____ Work: _____
 _____ Cell: _____

Name/Relationship: _____ Home: _____
 _____ Work: _____
 _____ Cell: _____

Name/Relationship: _____ Home: _____
 _____ Work: _____
 _____ Cell: _____

Brothers and Sisters currently attending Patchogue - Medford Schools

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Date)

I hereby declare that the information stated above is accurate as of _____

PARENT _____

Please complete other side

Health History

Student's Doctor: _____ Phone #: _____

During the past year, has your child had any illness, injury or surgery? If yes, please explain.

Has the child received any immunizations or medical tests during the past year? If yes, please verify with MD documentation. _____

Are there any medical concerns in which the school should be aware, or special considerations needed?

Does your child wear glasses? _____

When was the last time your child was seen by a vision specialist? _____

Does your child take daily medication? _____ Name of medication: _____

PHYSICAL EXAM

A physical exam is required, by a private physician or school physician upon entry to school and routinely in grades ONE, THREE, SEVEN and TEN.

Please check the appropriate item:

The child shall be examined by the family physician at parental expense, and a written report shall be submitted to the school.

The child should be examined, without cost, by the school physician.

I give permission to the school nurse to share any pertinent medical information with my child's teacher and other staff members. _____

(parent signature)