



MEDICAL/EMERGENCY CONTACT FORM
(Must Be Completed By Parent)

P.O. Box 750
Freeport, New York 11520-0750
Tel.: (516) 623-4550
Fax: (516) 223-1568

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In Case of Emergency Notify:

Mother's Name: _____ Daytime Phone: _____ Cell Phone: _____

Father's Name: _____ Daytime Phone: _____ Cell Phone: _____

1st Alternate's Name (state relationship to child): _____ Phone: _____

2nd Alternate's Name (state relationship to child): _____ Phone: _____

Name of Insurance Company: _____ Phone: _____

Identification Number: _____ Name of Insured: _____

Date of Birth: _____ Occupation: _____

I hereby authorize Twin Oaks Country Day School to arrange for emergency medical treatment for my child, while my child is under the School's care,

Parent's Signature: _____ Date: _____

IMMUNIZATIONS

Include All Dates

DPT	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
POLIO	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
Hib (conjugate preferred)	1st / /	2nd / /	3rd / /	4th / /	

Hepatitis B	1st / /	2nd / /	3rd / /
MMR	1st / /	2nd / /	
Chicken Pox (Varicella)			Date: / /

TUBERCULIN TEST (Type): _____ Results: _____ Date: _____

LEAD SCREENING: Date: _____ HEIGHT: _____ WEIGHT: _____

HEALTH SPECIFICS	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there allergies? (Specify)	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Is medication regularly taken? (Specify drug and condition)	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Is a special diet required? (Specify diet and condition)	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any hearing, visual or dental conditions requiring special attention?	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any medical or developmental conditions requiring special attention?	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever had chicken pox?	_____

SUMMARY OF PHYSICAL EXAM (Including special recommendations)

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)he is free from contagious and communicable disease and is able to participate in all school activities.

_____ Date of Exam

_____ Address

_____ Signature of Examiner

_____ Phone Number