

TUCKAHOE MIDDLE SCHOOL 65 Siwanoy Boulevard, Eastchester, NY 10709

(Please Print)

Student's Name: _____ **Grade:** _____ **DOB:**

Address:

City: _____ **State:** _____ **Zip:**

Home Phone: _____

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

Business Address: _____ **Business Phone:**

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

Business Address: _____ **Business Phone:**

Medical Conditions: My child has the following condition which requires special handling in an emergency (please include heart disease, diabetes, epilepsy, asthma, or any chronic condition).

Allergies: List all drug and/or food allergies:

Medications: List all medications taken by your child and reason:

Please indicate any accidents, illnesses, or operations during the past 12 months:

Medical Information:

Physician's Name: _____ **Phone:**

Address:

Dentist's Name: _____ **Phone :**

Address:

Please list **two** relatives/friends who will assume the care of your child if you cannot be reached:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

It is understood that in an emergency Tuckahoe School District will contact the parents or alternates listed on this card. However, this does not preclude the school from summoning medical assistance and transporting a child to the hospital emergency room by ambulance if necessary. I will not hold the school district legally or financially responsible for this action.

Please return this form to the Middle School Office by September 20, 2017