MEDICAL INFORMATION

01. EMERGENCY CONTACTS

02. MEDICAL INFORMATION

03. INSURANCE CARD

04. MEDICAL WAIVER/CONSENT

05. SIGNATURES

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Mount Sinai Academy Emergency Contacts

If emergency contact information changes throughout the school year, please contact Miss Hope to update your profile.

Parent 1

Name: ______________________ Phone: ________________

Parent 2

Name: ______________________ Phone: ________________

Emergency Contact

Name: ______________________ Phone: ________________

Relationship to Student: ______________________________

Additional Emergency Contact (*Optional*)

Name: ______________________ Phone: ________________

Relationship to Student: ______________________________

*Emergency contacts will be notified in the order they appear on the form.

Mount Sinai Academy Medical Information

Category	Information
Allergies	
Medications	
Medical Conditions	
Physician	Name: Phone:
Insurance	Name: Address: Policy/Group #:

*Please include a copy of your insurance card when you submit this document.

Mount Sinai Academy Medical Waiver/Consent

Upon completion of your students emergency contact and medical information, please sign the medical waiver below.

I/We understand the nature of these classes and their activities. With such knowledge I/We voluntarily release the host church and the administrators of Mount Sinai Academy and their representatives, agents, employees, including teachers and parent helpers, from any and all liability related to the activities of this program. I/We understand that, in the event that medical attention is required, Mount Sinai Academy will make all reasonable efforts to contact me/us. However, if I/we cannot be contacted, I/we give my/our permission to Mount Sinai Academy to secure the services of a licensed physician to provide necessary treatment including anesthesia, surgery, medication, and intravenous (IV) therapy for my/our student.

Parent 1 Printed Name	Parent 1 Signature	Date
Parent 2 Printed Name	Parent 2 Signature	Date