



Harbor Country Day School
Embracing the extraordinary in every child.™

Yearly Emergency Contacts & Student Health Survey
Health Office 2020-2021

Student Name: _____ Date of Birth: _____ Grade: _____

Home Address: _____ Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Business Address: _____

Parent/Guardian Day Phone Number: _____ Cell Phone Number: _____

Parent/Guardian Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Business Address: _____

Parent/Guardian Day Phone Number: _____ Cell Phone Number: _____

Parent/Guardian Email Address: _____



Emergency Contacts (other than parents)

Emergency Contact 1: _____

Contact 1 Phone Number: _____ Alternate Phone Number: _____

Relationship to Student: _____ Can pick up student?: _____

Emergency Contact 2: _____

Contact 1 Phone Number: _____ Alternate Phone Number: _____

Relationship to Student: _____ Can pick up student?: _____

Emergency Contact 3: _____

Contact 1 Phone Number: _____ Alternate Phone Number: _____

Relationship to Student: _____ Can pick up student?: _____

Medical Contacts

Doctor Name _____ Phone# _____

Dentist Name _____ Phone# _____



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Yearly Health Survey: 2020-2021

1. **Has your child had any illness or operations in the past year? Yes/No**

Explain: _____

2. **Is there anything concerning the general health of your child that would aid the school in a better understanding of him/her.**

3. **Does your child take any medications at home?**

Name of Medication: _____ **Frequency:** _____

Name of Medication: _____ **Frequency:** _____

4. **Does your child wear glasses? Yes/No** **Re-exam date:** _____

Does your child wear contacts? Yes/No **Re-exam date:** _____

5. **Does your child have a hearing problem?** _____

Please explain: _____

6. **Please share any other concerns you think would be helpful for us to know:**

7. **Does your child have any allergies? Yes/No**

Please specify cause, symptoms, and treatment: _____

8. **Does your child have Asthma? Yes/No**

Please specify cause and treatment: _____

Parent/Guardian Signature _____ **Date** _____

The above information will be shared with all faculty and staff responsible for the health and safety of your child.