



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

**2021-2022 Yearly Health Survey & Emergency Contacts**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Business Address \_\_\_\_\_  
Parent/Guardian Day Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Business Address \_\_\_\_\_  
Parent/Guardian Day Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Parent/Guardian email address \_\_\_\_\_



Emergency Contacts (other than parents)

Emergency Contact 1 \_\_\_\_\_  
Contact 1 Phone# \_\_\_\_\_ Alternate# \_\_\_\_\_  
Relationship \_\_\_\_\_ Can pick up? \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_  
Contact 2 Phone# \_\_\_\_\_ Alternate# \_\_\_\_\_  
Relationship \_\_\_\_\_ Can pick up? \_\_\_\_\_

Emergency Contact 3 \_\_\_\_\_  
Contact 3 Phone# \_\_\_\_\_ Alternate# \_\_\_\_\_  
Relationship \_\_\_\_\_ Can pick up? \_\_\_\_\_



Doctor Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Dentist Name \_\_\_\_\_ Phone# \_\_\_\_\_



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

**Yearly Health Survey (2021-2022)**

1. Has your child had any illness or operations in the past year?

Yes/No (Circle One)

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\_\_\_\_\_

4. Does your child wear glasses?

a. Yes/No Re-exam date:\_\_\_\_\_

5. Does your child wear contacts?

a. Yes/No Re-exam date:\_\_\_\_\_

6. Does your child have a hearing problem?

a. Yes/No Explain:\_\_\_\_\_

7. Other concerns:\_\_\_\_\_

8. Does your child have any allergies? Yes/No

Please specify cause, symptoms, and treatment:

\_\_\_\_\_

9. Does your child have Asthma? Yes/No

Please specify cause and treatment:

\_\_\_\_\_

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

Parent/Guardian Signature:\_\_\_\_\_Date:\_\_\_\_\_