



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

2024-2025 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# _____



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Yearly Health Survey (2024-2025)

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: _____