



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

2023-2024 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 (2023-2024)

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:_____