Harbor Country Day School

Embracing the extraordinary in every child.™

2024-2025 Yearly Health Survey & Emergency Contacts (Preschool 2s, 3s, 4s)

Student Name_____ Grade_____
Date of Birth_____ Student Nickname_____
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 (2024-2025)

1. Has your child had any illness or operations in the past year?
   Yes/No (Circle One)
   Explain:_____
   _____

2. Does your child take any medications at home?
   Name of Medication_____Frequency_____

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

4. Does your child have reoccurring ear infections?

5. Has your child been previously evaluated or has your pediatrician suggested an evaluation for issues such as speech, motor abilities, food aversions, allergies, vision or hearing?

6. Does your child have a sensitivity to loud noises?

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:
   _____

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

Parent/Guardian Signature:_____Date:_____

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