



Harbor Country Day School

Yearly Health Survey/ Emergency Contacts Health Office 2018-2019

Student Name _____ Grade _____

Date of Birth _____

Home Address _____

Home Phone# _____

Father's Name _____

Father's Business Address _____

Father's Day Phone# _____ Father's Cell Phone# _____

Mother's Name _____

Mother's Business Address _____

Mother's Day Phone# _____ Mother's Cell Phone# _____

Parent email address _____

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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? _____
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Doctor Name _____ Phone# _____

Dentist Name _____ Phone# _____