



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

Morning Drop Off & After School Emergency Contact Form

Child's Name: _____

Age: _____ Grade: _____

Parent/Guardian Name: _____

Daytime Phone: _____ Cell: _____

Parent/Guardian Name: _____

Daytime Phone: _____ Cell: _____

***I permit the following people to pick up my
child in the event of an emergency.***

Emergency Contact Name: _____

Relationship: _____

Address: _____

Daytime Phone: _____ Cell: _____

Emergency Contact Name: _____

Relationship: _____

Address: _____

Daytime Phone: _____ Cell: _____

Child's Health & Medical Issues or Food Allergies:

Parent Signature: _____ **Date:** _____