

Teacher: _____



Allergy: _____

Epi pen: Y N

Custody Issue: Y N

Country Day School
LLC

Emergency Contact Information

Student's Name: _____

Mother's Name: _____

Cell #: _____

Work #: _____

Email Address: _____

(Please print clearly)

Father's Name: _____

Cell #: _____

Work #: _____

Email Address: _____

(Please print clearly)

*Other Contacts:

Name	Relation	Contact #	Call in case of emergency	Pickup permission
1. _____			<input type="checkbox"/>	<input type="checkbox"/>
2. _____			<input type="checkbox"/>	<input type="checkbox"/>
3. _____			<input type="checkbox"/>	<input type="checkbox"/>

*Other contacts must live on the Eastern Shore
Thank you for filling this form out in its entirety.