

Teacher Name: _____

Allergy: _____

Epi pen: Y N

Custody Issue Y N



Country Day School
LLC

Emergency Contact Information

Student Name: _____

Mother's Name: _____

Home: _____

Work: _____

Cell: _____

Email Address: _____

(Please print clearly)

Father's Name: _____

Home: _____

Work: _____

Cell: _____

Email Address: _____

(Please print clearly)

*Other Contacts:

Name	Relation	Contact #
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1. _____

2. _____

3. _____

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