

Teacher Name: \_\_\_\_\_  
\_\_\_\_\_

Allergy: \_\_\_\_\_

Epi pen: Y N

Custody Issue: Y N

## COUNTRY DAY SCHOOL

### Emergency Contact Information

Student Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Mom's Email Address: \_\_\_\_\_

(Please print clearly ~ Email is a main form of contact at CDS~ Thank you)

Father's Name: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Dad's Email Address: \_\_\_\_\_

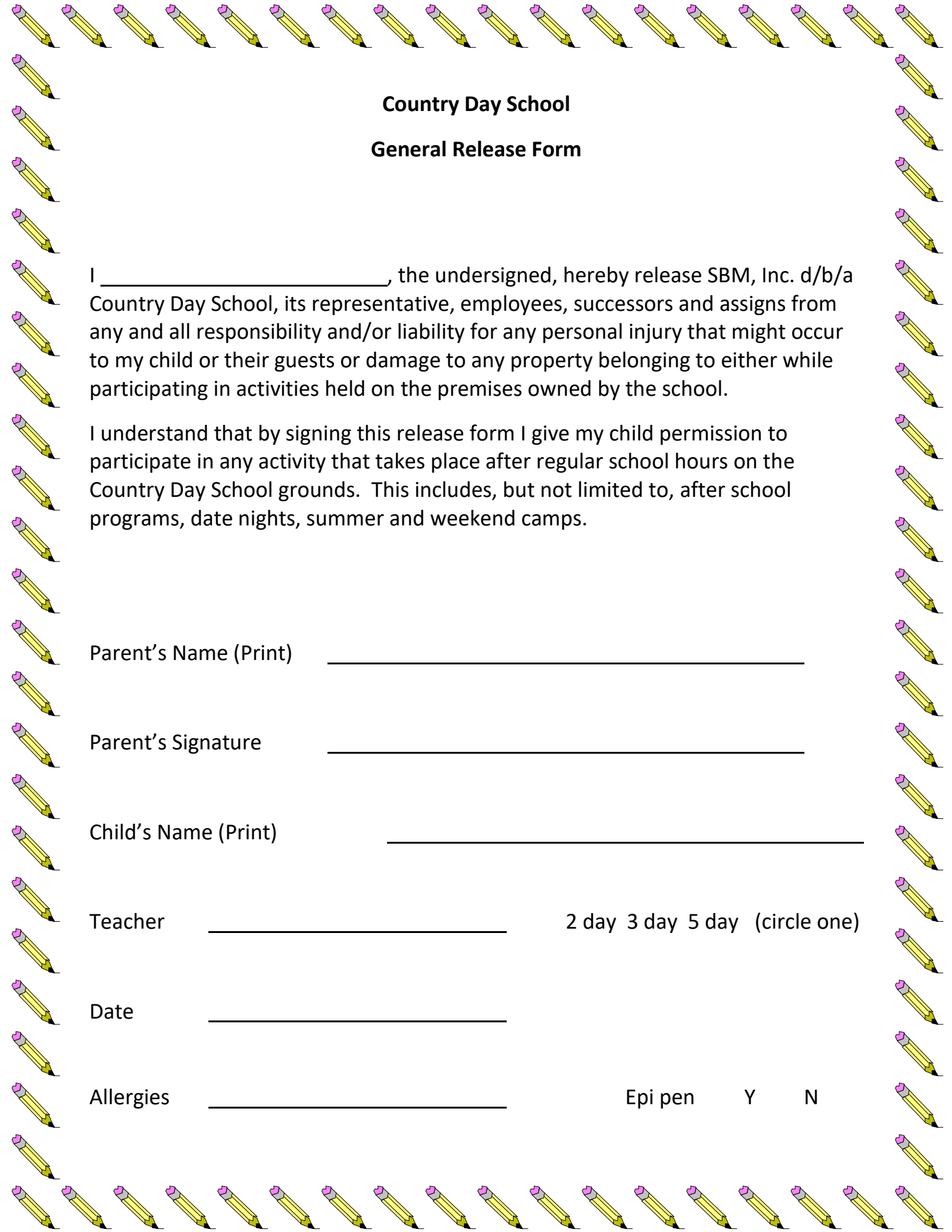
**\*Other Contacts:**

	Name	Relation	Home	Cell
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**\*Other contacts must live on the Eastern Shore**

**Thank you for filling this form out in its entirety.**

**Please turn over to complete back page**



**Country Day School**  
**General Release Form**

I \_\_\_\_\_, the undersigned, hereby release SBM, Inc. d/b/a Country Day School, its representative, employees, successors and assigns from any and all responsibility and/or liability for any personal injury that might occur to my child or their guests or damage to any property belonging to either while participating in activities held on the premises owned by the school.

I understand that by signing this release form I give my child permission to participate in any activity that takes place after regular school hours on the Country Day School grounds. This includes, but not limited to, after school programs, date nights, summer and weekend camps.

Parent's Name (Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Child's Name (Print) \_\_\_\_\_

Teacher \_\_\_\_\_ 2 day 3 day 5 day (circle one)

Date \_\_\_\_\_

Allergies \_\_\_\_\_ Epi pen Y N