Teacher Name:	Allergy:
	Epi pen: Y N
	Custody Issue: V N

COUNTRY DAY SCHOOL

Emergency Contact Information

Mother's Name:			
11			
Work:	_		
Cell:			
Father's Name:			
11			
Work:			
Cell:			
Email Address:			
(Please print clearly ~ Ema	ail is a main form of contact at CDS	~ Thank you)	
*Other Contacts	:		
Name	Relation	Home	Cell

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

Country Day School				
	Ge	neral Release F	orm	
any and all r to my child o	School, its represenes esponsibility and/or or their guests or dargin activities held on	tative, employe liability for any nage to any pro	personal injury tha perty belonging to	assigns from t might occur either while
participate i Country Day	I that by signing this nany activity that tale School grounds. The ate nights, summer a	kes place after r is includes, but	egular school hour not limited to, afte	s on the
Parent's Nai	ne (Print)			
Parent's Nai Parent's Sigi				
	nature			
Parent's Sigi Child's Nam	nature		2 day 3 day 5 d	ay (circle on
Parent's Sigi	nature		2 day 3 day 5 d	ay (circle one