

WOODINVILLE COUNTRY DAY SCHOOL
18670 NE Woodinville-Duvall Road
Woodinville, WA 98077
(425)881-8899

Emergency Form

Child's Name: _____ Birthdate: _____

Sex: _____ Nickname: _____

Health Conditions, Concerns, Allergies: _____

Parent's Name(s): _____

Home Phone: _____ Email: _____

Address: _____

Work/Cell #: _____ Work/Cell #: _____

IN THE EVENT OF AN EMERGENCY, PLEASE LIST THE NAME AND NUMBER OF THREE PEOPLE TO CONTACT. (THE PARENTS ARE ALWAYS NOTIFIED FIRST UNLESS OTHERWISE INDICATED).

1. _____ PHONE: _____

2. _____ PHONE: _____

3. _____ PHONE: _____

IN THE EVENT THAT PERSONS NOTED ABOVE CANNOT BE LOCATED, I

GIVE MY CONSENT TO THE WOODINVILLE COUNTRY DAY SCHOOL STAFF TO ADMINISTER FIRST AID, CALL FOR EMERGENCY MEDICAL HELP, AND/OR TRANSPORT MY CHILD TO A MEDICAL FACILITY. I EXPECT THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO LOCATE ME OR MY DESIGNATE(S). ANY EXPENSE INCURRED WILL BE ACCEPTED BY ME.

SIGNED _____ DATE _____

ADDITIONAL COMMENTS: _____
