

**Woodstock Day School**  
**Emergency Contact Form**

Student Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Student resides with:  Mother  Father  Both  Other \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACTS**  
**(IN THE EVENT A PARENT CAN NOT BE REACHED)**

Name \_\_\_\_\_ Name \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Resides W/Student  Yes  No

Resides W/Student  Yes  No

**Legal Concerns**

If there is a person(s) who is legally not allowed to come in contact with your child(ren), please list the person's name and supply the school with a court document for the Student's file: \_\_\_\_\_

**Medical Concerns**

Allergies:  Yes  No (Bee Sting, Medication, Food etc.) \_\_\_\_\_

Reaction \_\_\_\_\_ Medication \_\_\_\_\_

Dietary Needs and/or Limitations:  Yes  No \_\_\_\_\_

Asthma:  Yes  No Asthma Medication \_\_\_\_\_

Seizures:  Yes  No Seizure Medication \_\_\_\_\_

Daily Medications (at home or school): \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian having legal custody of \_\_\_\_\_, authorize Woodstock Day School, or my representative indicated on this form, to consent to emergency medical diagnosis or treatment, by a licensed physician or at a hospital or medical facility, should the need arise. In such an event, I agree to hold harmless and indemnify Woodstock Day School for any and all claims for personal and medical expenses arising thereafter. I also give Woodstock Day School permission to release the medical information held by the school to any person listed on this form in the event of a medical emergency if efforts to contact me have failed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date