



YORK COUNTRY DAY SCHOOL

Emergency Information

I, the undersigned parent/guardian _____, do hereby consent to his/her participation in the Greyhound Academy.

Signature: _____ Date: _____

My child has the following known food and/or drug allergies:

My child has the following pre-existing illness/health concerns:

Is your child taking any continuous medication? **Yes No**

If yes, please list here: _____

Emergency Contacts

In the event of an emergency, we will attempt to contact parents first.

Please provide your information below so that we may be able to contact you if an emergency situation arises.

Guardian 1

Name: _____ Daytime/Cell Phone: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Guardian 2

Name: _____ Daytime/Cell Phone: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____