

# Emergency Form



## Family Information:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parents: \_\_\_\_\_ Days Attending: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Siblings: \_\_\_\_\_

## In Case of Emergency:

1: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Individuals authorized to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does your child have specific medical needs - allergies to foods, individual program needs, etc.?**

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I give permission to The Berry Patch to care for my child in an emergency situation.

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