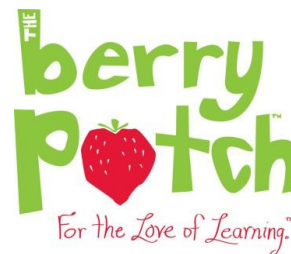


# Emergency Form 2018 – 2019



(Please note that this is a two page form. Thank you for completing BOTH sides!)

## **Child's Information:**

Child's Name: \_\_\_\_\_ Age (as of 9/1/17): \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Days Attending: \_\_\_\_\_

Siblings Names/Ages: \_\_\_\_\_

## **Parent 1:**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email You Check Frequently: \_\_\_\_\_

## **Parent 2:**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email You Check Frequently: \_\_\_\_\_

## **In Case of Emergency (please list NON-parent contacts who are authorized to have access to your child's health information):**

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

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

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

## **We are required to have complete information:**

**Doctor:** \_\_\_\_\_ **Dentist:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ 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.?  
(If allergic, please indicate sensitivity, allergy, or severe allergy, AND if you have an Action Plan from your pediatrician.)**

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**Current Health Insurance Information:**

Company: \_\_\_\_\_ Primary Insurance Holder: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

**In the case of an emergency, please indicate hospital of choice: \_\_\_\_\_  
(If no hospital indicated, children will be transported to our nearest hospital, Fairview Southdale).**

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

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

\_\_\_\_\_  
Date

**Other information you would like us to have?**

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