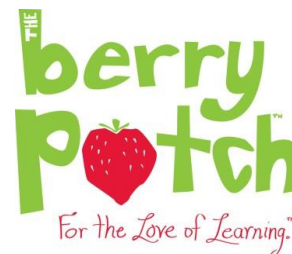


Emergency Form 2017 – 2018



(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.)**

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?
