

2020/2021

**EMERGENCY INFORMATION**



13500 Layhill Road, Silver Spring, MD 20906  
301-576-2800 fax: 301-576-2805 www.barrie.org

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class/group \_\_\_\_\_  
*Last First Initial*

Home Address \_\_\_\_\_  
Street & Number City State Zip

Gender: \_\_\_ Female \_\_\_ Male

Programs (check all that apply): \_\_\_ Camp and Summer Programs 2020 \_\_\_ School 2020/2021

**Custodial Parent/Guardian Name:** \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_ Email: \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

Employer \_\_\_\_\_ Position/Occupation \_\_\_\_\_

**Second Parent or Guardian Name:** \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_ Email: \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

Employer \_\_\_\_\_ Position/Occupation \_\_\_\_\_

**Persons authorized to pick up child daily:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_ Email: \_\_\_\_\_

**When Parents cannot be reached, list two people who may be contacted to pick up the child in an emergency:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_ Email: \_\_\_\_\_

**IMPORTANT – This box must be completed for your child to attend Barrie**

**Parent's Authorization and Permission to Treat**

In emergency situations, I hereby authorize Barrie to seek the necessary medical care from my child/ward, including treatment by an EMT and/or hospitalization. Barrie will attempt to immediately contact parents/guardians or designated emergency contacts in this situation. If I (or my designated contact) cannot be reached, I give permission to an EMT and/or physician to provide appropriate medical treatment for my child/ward, including but not limited to X-rays, testing, anesthesia, injections and surgery. I authorize Barrie's on-site nurse or other trained staff to provide necessary medical attention to my child/ward until an EMT or ambulance arrives. I also authorize routine treatment and first-aid by the school nurse or other trained staff in non-emergency situations, such as tending to cuts, minor infections, coughs, headaches, fever, dehydration and the like. I understand the information on this form will be shared on a "need to know" basis with Barrie staff. I give permission to photocopy this form. Barrie has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with Barrie staff about my child's health status.

**Parent/Guardian:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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