



Serving age 18-months through Grade 12

2019/2020

EMERGENCY INFORMATION

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

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

Home Address Street & Number City State Zip

Gender: Female Male

Programs (check all that apply): Camp and Summer Programs 2019 School 2019/2020

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: