

2023-2024
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

Sex assigned at birth: ___F ___M ___I

Programs (check all that apply): ___ Camp and Summer Programs 2022 ___ School 2022-2023

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 School to seek the necessary medical care from my child/ward, including treatment by an EMT and/or hospitalization. Barrie School 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 School'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: _____