



**ambler
FARM**

...WHERE GOOD THINGS GROW

Emergency Information Form

NAME OF CHILD _____

Session Week(s) _____

Home Phone _____ Family Email _____

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Home Address _____

City, State, Zip _____

Local Address (if different than Home) _____

City, State, Zip _____

In the event that we cannot be reached, Ambler Farm's Summer Program staff have my permission to contact either of the people listed below for the care and transportation of my child.

(Name)	(Address)	(Phone)
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(Name)	(Address)	(Phone)
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Physician _____ Phone _____

Known sensitivity to drugs _____

ASTHMA / ALLERGIES:

☐ Bee Sting ☐ Nuts ☐ Asthma ☐ Other

OTHER DISORDERS:

☐ Seizures ☐ Diabetes ☐ Other

Medication _____ Medication _____

Ambler Farm's Summer Program is a nut-aware program.

I HEREBY GIVE MY PERMISSION TO AMBLER FARM SUMMER PROGRAM STAFF TO TAKE MY CHILD TO THE PHYSICIAN OR TO A HOSPITAL IF AN ACCIDENT OR SERIOUS ILLNESS OCCURS DURING THE PROGRAM AND I CANNOT BE LOCATED.

Date: _____ Signature of Parent/Guardian _____

Please review the **Summer Program Parent Handbook's** policies and procedures which may include new additions from year-to-year.