

2026 BERWYN RECREATION EMERGENCY FORM

Child Information

Child's Name: _____

Age _____ (at time of reg.) Birthdate: ____ / ____ / ____ CIRCLE: BOY GIRL

PARENT

Full Name: _____ Address: _____

Cell Phone: _____ Work Phone: _____

PARENT

Full Name: _____ Address: _____

Cell Phone: _____ Work Phone: _____

Physician & Medical History:

Child's Physician: _____

Address: _____ Phone: _____

Frequent Illnesses: _____

Allergies (List): _____

please note if any allergies, a plan of action form must be completed

Restrictions or Disabilities: _____

Routine Medications: _____

Additional Information About Child: _____

Emergency Contact - In case Parent/Guardian cannot Be reached

Name: _____ Address: _____

Emergency contact # _____ Relationship to Child: _____

Medical Authorization

I, _____ give my permission for my _____, to
(print Parent/Legal Guardian Name) (print child's name)

receive medical care if I cannot be reached.

Parent/Legal Guardian Signature: _____ Date: ____/____/____