



## Sibling Information

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Name of VIP Sibling: \_\_\_\_\_

Child resides with:  Mother and Father  Mother  Father  Guardian

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Kids Cell: \_\_\_\_\_

To help us understand the uniqueness of your child, please share any information about your child that would help us ensure a great day at **Buddy Break** including any medical information we might need to know:

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Parent/Guardian: \_\_\_\_\_  Mother  Father  Guardian

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

### **MEDICAL AND INSURANCE CONTACTS**

In the case of an emergency, the following information is helpful.

Child's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a medical plan of care for emergency procedures?  No  Yes – If yes, please attach a copy for us. The same plan that you have for school or a daycare provider would be great.

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### **AFFIRMATION:**

I have fully disclosed to the **Nathaniel's Hope Buddy Break** locations all pertinent facts about my child(ren)'s needs, and I accept full responsibility for failure to do so. I understand the volunteers and staff want to provide the best possible care of my child, and I have done all that I can do help them meet that goal. In case of emergency or accident, I understand that Emergency Medical Services (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by the EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to my child.

I have read the above permission/authorization statement and agree to the terms designated in each.

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