



Participant's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Program: \_\_\_\_\_

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

Guardian name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text Y N

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

I, the undersigned parent or legal guardian of the above-named minor, do hereby grant authorization to Pathfinder Farms to obtain any emergency medical or dental treatment deemed necessary during my child's participation in the program. I understand that all reasonable attempts will be made to reach me and/or the listed emergency contact before any treatment is administered. I further give my consent to Pathfinder Farms to arrange/provide transportation for my child in the event of an emergency. I am granting this authorization voluntarily and of my own free will and accord.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I also consent to my child being transported to/from Pathfinder Farms as well as around the farm during the Program hours.

I grant permission for my child's photograph to be used in any Pathfinder Farms newsletters, website or other media materials.