

VISITING STUDENTS AND SUMMER CAMP PROGRAMS
A Farm & Nature Experience for Children and Teens

PARENT REGISTRATION FORM
(PLEASE PRINT CLEARLY)

_____	_____
Child's Name	Parents' Name
_____	_____
Home Phone #	Street Address
_____	_____
School	City, State, Zip

	E-mail Address

PARENTS: Please complete this form and give to your child's teacher prior to the farm trip. We must have a form submitted for each child even if there are no special needs.

This information is vital in order to ensure a safe and happy trip for your child

Special Dietary Needs (we will provide alternatives):

Non-dairy: _____

Food Allergies: _____

Other Allergies: _____

Asthma: _____

Bee Stings - Bring kit for sting reaction: _____

Your signature below constitutes permission to provide necessary treatment for emergency care. The medical and dietary information on this sheet will be kept confidential, except in the case of a medical or other emergency.

Parent or Guardian Signature: _____ Date: _____

Permission to use photos of your child for publicity purposes: YES _____ NO _____