

Town of Westport
Wakeman Town Farm 2017-2018
EMERGENCY FORM

Program: _____

Current Age/Grade _____

Please fill-in the information above, and complete this form. BRING IT TO THE FIRST DAY OF THE PROGRAM. Your child will not be able to stay at Wakeman Town Farm without this form. Please Print:

Child's Name _____

Address _____

Home Phone# _____

Parent/Guardian Name _____ Email _____

Cell Phone () _____ Work Phone () _____

Parent/Guardian Name _____ Email _____

Cell Phone () _____ Work Phone () _____

Doctor's Name _____ Phone# _____

EMERGENCY Contact Name _____ (Other than parent/guardian)

EMERGENCY Contact Phone# _____

NOTE: Emergency contact must be available during program hours.

1. List Allergies: Food (list) _____ Bees _____ Other _____ EPI Pen Provided _____
Has your child ever been stung by a bee? _____

2. List Physical Limitations:

3. Is your child currently on medications? Yes ___ No ___ If yes: Medication _____ Condition _____

4. Will your child be continuing this medication during the program? Yes _____ No _____

5. Is there anything we should know about your child to make this Wakeman Town Farm program the best experience?

*** As parent/legal guardian I authorize emergency medical treatment and transportation of my child if necessary.**

I understand that my child will be suspended from Wakeman Town Farm programming if my child or I fail to adhere to the guidelines set forth on the Farm website at wakemantownfarm.org and in the Parent Information Packet. Inappropriate behavior will not be tolerated and is grounds for immediate dismissal.

SIGNED _____ DATE _____

(Not valid unless signed by Parent/Guardian)

LIST AUTHORIZED NAMES FOR CHILD PICK-UP WITH CELL PHONE NUMBERS:

