



Earthplace Program Authorization Form

10 Woodside Lane, Westport CT 06880
227-7253, www.earthplace.org

Participant's Name _____

Birth date ____/____/____ M ____ F ____ Grade ____

School _____

Participant's Email _____

Parent/Guardian Information

Name _____

Relationship _____

Home Phone _____

Home Address _____

City, State, Zip _____

Cell # _____

Work Name & # _____

Parent/Guardian Email _____

Name _____

Relationship _____

Home Phone _____

Home Address _____

City, State, Zip _____

Cell # _____

Work Name & # _____

Parent/Guardian Email _____

Emergency Information

Emergency contacts (has permission to make decisions for the health and welfare of my child)

1) Name _____

Daytime Phone _____

Relationship _____

2) Name _____

Daytime Phone _____

Relationship _____

Child's Doctor _____

Office Phone _____

Allergies and Food Intolerances

_____ **No Known Allergies**

_____ **Yes, My Child has Allergies**

My child is allergic to peanuts nuts milk soy bees
other _____

My child has food intolerance to gluten other _____

Due to my child's food allergies or food intolerances, I understand I must provide a snack if needed.

Emergency Medications _____

Other Medical Issues _____

RELEASES

If parent(s) or legal guardian(s) cannot be reached in the event of an emergency I do hereby appoint the staff of Earthplace to act in my (our) behalf to administer first aid treatment and/or authorize unexpected medical, dental or surgical care and hospitalization for my child. I give permission for my child to participate in all nature trail walks and related outdoor activities, visits to the live animal hall, field trips, as well as other Earthplace activities.

_____ Date: _____

Signature of Parent or Guardian

(print name above)

I give my permission to Earthplace to take, use, publish and reproduce photographs, slides or video of my child for publicity purposes. ____ YES ____ NO

I give my permission for my child's name, telephone number, address and parent's names to be included on a class list that will be distributed solely to group members. ____ YES ____ NO

Pickup Permission (can remove child from premises)

1) Name _____

Daytime Phone _____

Relationship _____

2) Name _____

Daytime Phone _____

Relationship _____

3) Name _____

Daytime Phone _____

Relationship _____