



# Program Authorization

## PARTICIPANT:

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ M F Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
Email: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile #: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Best Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mobile #: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Best Email: \_\_\_\_\_

## IN CASE OF EMERGENCY:

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

Contact #1 / Name: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Contact #2 / Name: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Child Doctor: \_\_\_\_\_  
Office phone: \_\_\_\_\_

## ALLERGIES & 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) of 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.

\_\_\_\_\_  
*Signature of Parent of Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

I give my permission to Earthplace to take, use, publish and reproduce photographs, slides or videos 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

## PICK UP PERMISSIONS (can remove child from premises):

Person #1 / Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Person #2 / Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Person #3 / Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Relationship: \_\_\_\_\_