

**Winter and Spring on the Farm****Registration and Emergency Information Form**

Student's Name: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age at time of participation in program: \_\_\_ Grade at time of participation: \_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact (if parent/guardian cannot be reached)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Student's Health Care Provider**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Additional Required Documents:**

- Authorization to administer medication (separate attachment: only applicable if your child will/may need to take prescription medication during programming)

**\*Please complete the back of this page!\***

**Allergies**

Cooking, preparing and eating healthy recipes will be a significant part of programming here at Winter/Spring on the Farm. We will screen all activities in light of the information we receive for the safety of all students and adapt where necessary. Please let us know if your student has **ANY allergies, what their reaction is and what is done to handle these reactions:**

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**Behavior**

Sometimes being with a new group of people in a new setting can be stressful for students. To help us ensure all students get the attention and care they need that is best suited to them, please let us know: **What helps your child focus? If they get upset, what helps them to calm down? Any additional tips to ensure we have a wonderful, positive experience with your child?**

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**Medications**

Trying and eating new foods will be a key part of programming here at Winter/Spring on the Farm. Please let us know if your student is taking ANY medications regularly: the amount/s taken, times and/or conditions taken, and any interactions with foods that may result poorly:

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**Does your student have an EPI PEN?**      Yes      No

**Does your student have any emotional/adjustment difficulties?**      Yes      No

**Does your student have any eating preferences - vegetarian, vegan, etc?**

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**\*Please complete the next page!\***



37 Wheeler Road  
North Grafton, MA 01536  
[www.community-harvest.org](http://www.community-harvest.org)

**Is there any reason you feel your student would not be able to participate in any of the program's activities?**

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**Authorization for Medical Care**

The information above is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all program activities except as noted by me and/or an examining physician. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_