

Youth Garden Project Parental Release Form

Please provide us with the following information regarding your child. All information is confidential.

Child's full name: _____ DOB _____

1. Please list any allergies your child has to food, medications, insects, or other. Please also list any dietary restrictions of your child. If none, please write none.
2. Please list any pre-existing medical conditions of your child, for example asthma, hearing, ear infections, visions, fractures or sprains, diabetes, seizures, fainting spells, heart issues. If none, please write none.
3. Please list any regular medications taken by your child. If none, please write none. Please note that YGP staff is unable to dispense ANY medication due to our liability insurance.

Hospitals require insurance information for admission or emergency room treatment.

Name of your health insurance provider (If none, please write none.): _____

Policy Number: _____

Please read and initial the following releases. Include your signature at the bottom of the page.

PARENT AUTHORIZATION: I hereby declare my child to be physically sound, having medical approval to participate in the activities of the Youth Garden Project and/or AmeriCorps. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I further understand that neither the Youth Garden Project nor AmeriCorps nor any of its paid staff or volunteers can be held responsible in the event of an accident. I also certify that my child is amenable to discipline and free from habits or attitudes which would make him/her an undesirable participant. _____ *Initial*

TRANSPORTATION AGREEMENT: I understand that my child may be using van, bus, or car transportation for field trips. I give permission for my child to travel by any of the above methods with Youth Garden Project and/or AmeriCorps staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and there will be at least one staff member present at all times. I agree to release the Youth Garden Project and/or AmeriCorps staff from any and all claims of damages, demands, or liabilities, which may arise as a result of my child's participation on these trips. _____ *Initial*

OFF YGP GROUNDS AUTHORIZATION: I authorize that my child has permission to go off Youth Garden Project grounds when necessary to participate in Youth Garden Project and/or AmeriCorps activities, as some activities require the use of a facility or recreational area that is not available at the garden. I agree to hold neither the Youth Garden Project nor AmeriCorps nor any of its paid staff or volunteers responsible for any accident or injury that may occur while my child is participating in a Youth Garden Project and/or AmeriCorps activity that is off Youth Garden Project grounds. _____ *Initial*

EMERGENCY AUTHORIZATION: I authorize any representative of the Youth Garden Project and/or AmeriCorps to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is not time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by the agency to provide the necessary care and treatment for my child. _____ *Initial*

PHOTOGRAPH/VIDEO AUTHORIZATION: The Youth Garden Project and/or AmeriCorps have my permission to use photographs/videos of my child in any promotional material. _____ *Initial*

STUDENT RELEASE: In consideration of my child's participation in the Youth Garden Project and/or AmeriCorps activities, I do hereby agree to hold free from any and all liability the agency and its respective offices, employees, and members and do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the Youth Garden Project and/or AmeriCorps. _____ *Initial*

Parent/Guardian Signature

Printed Name

Date
