



# Terra-Forma Education

Redefining Environmental Learning

## Participant Information and Authorization Form

Mail completed form to: P.O. Box 394, Mountlake Terrace, WA 98043

This information is considered confidential and is used only to assist staff in meeting the needs of your child. It will only be shared with those on a need-to-know basis concerning a medical or other emergency. Fill out all sections completely (mark N/A if it does not apply) and sign and initial where indicated. Additional information may be required including but not limited to immunization records, medical treatment and medical administration instructions and authorization, and special field trip permission. If there are any changes in the information on this form, please contact staff immediately to update.

### Participant and Parent Information

Child's Name (first and last)	Age	Birth date	Grade
Address	City	Zip	School

Parent/Guardian Name (first and last)		Signature	Relationship
Day Phone	Evening Phone	Cell Phone/Pager	Email
Address (if different than above)		City	Zip

### Emergency Contacts

The Parent/Guardian listed above, will be contacted first in case of an emergency, after 911. Please list non-registering parent/Guardian and others you would like us to contact in the event you cannot be reached.

1) Contact Name (first and last)		Signature	Relationship
Day Phone	Evening Phone	Cell Phone/Pager	Email
Address (if different than above)		City	Zip

2) Contact Name (first and last)		Signature	Relationship
Day Phone	Evening Phone	Cell Phone/Pager	Email
Address (if different than above)		City	Zip

### Pick-up Authorization and Information

Please list all individuals that are authorized to pick up your child. If an individual is not listed, your child will not be released to that person. Voice authorization for pick up will NOT be accepted.

1) Name	Relationship	Day Phone	Evening Phone
2) Name	Relationship	Day Phone	Evening Phone
3) Name	Relationship	Day Phone	Evening Phone
4) Name	Relationship	Day Phone	Evening Phone

We are unable to allow your child to participate without the following authorizations or alternatively, a written statement of religious objections. A MEDICAL TREATMENT AUTHORIZATION FORM is required for any medication taken or administered while in a Terra-Forma Education program.

Child's Name (first and last)	Age	Birthdate	Grade
Physician's Name (first and last)		Physician's Phone	
Physician's Address		City	Zip
Medical Insurance Company	Policy No.	Subscriber	
Preferred Hospital for Treatment			

I hereby authorize and consent to the administration of any and all, medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency medical treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital. I understand that Terra-Forma Education and its directors, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. I assume full financial responsibility for emergency treatment of my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**General Authorizations and Information**

Behavior issues of which staff should be aware? \_\_\_\_\_

How do you handle these behaviors? \_\_\_\_\_

My child is allergic to or cannot eat the following foods and or medications: \_\_\_\_\_

My child experiences the following (please check all that apply): No child will be refused service as protected under the Americans with Disabilities Act (ADA).

- ADD/ADHD
- Behavior Disorder
- Learning Disability
- Developmental Disability
- Mental Disability
- Physical Disability
- Hearing Impairment
- Visual Impairment
- Asthma
- Allergies
- Diabetes
- Other \_\_\_\_\_

Please describe any of the checked boxes above: \_\_\_\_\_

My child has permission to participate in field trips including, but not limited to, visits to the local library or parks, neighborhood walks, or other field trips as scheduled by means of walking, bus, or van. YES\_\_\_\_ NO\_\_\_\_ Initial Here\_\_\_\_

My child has permission to participate in swimming and other water activities including but not limited to, swimming pools, life guarded beaches, boating and wading pools. YES\_\_\_\_ NO\_\_\_\_ Initial Here\_\_\_\_

Swimming ability: Non-swimmer\_\_\_\_ Beginner \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_

My Child may have sunscreen applied during the day. (Parent/Guardian must supply lotion)  
YES\_\_\_\_ NO\_\_\_\_ Initial Here\_\_\_\_

My child may be photographed (stills and video) for Terra-Forma Education for its promotions and publications.  
YES\_\_\_\_ NO\_\_\_\_ Initial Here\_\_\_\_

**Release and Indemnity Agreement**

The foregoing information is complete and true to the best of my knowledge. I also confirm the authorizations and consent detailed within this document, including but not limited to, medical treatment, field trip and other activity participation, sign-in and sign-out by child, photos of child, and emergency contacts. I understand that should my child act in a manner that is unsafe for him/herself, other participants or staff, he/she may be excluded from the program. Accordingly I have told my child to obey all directions of the staff, to comply with all safety instructions and refrain from unsafe practices. I hereby release, discharge, and covenant not to sue, Terra-Forma Education and it's directors, employees, agents, and volunteers, from all liability to me or my child or my child's personal representatives, assigns, heirs, and next-of-kin for any and all claims, demands, losses, direct, indirect, special, consequential, or incidental damages to the maximum extent the law permits on account of damage to property or any injury caused or arising from my child's participation in the program.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_