

Happy Daze Farm Consent Form

Transportation Consent

I give my child, _____, permission to be transported by Pamela Rich, Shelby Purchase Quinn or employees of Happy Daze Farm for field trips.

Parent Signature _____

Photo Consent

I GRANT permission for our child's photo to be published on the Happy Daze Farm public website and or print media and social media.

Parent Signature _____

Medical Consent

Please list any pertinent information the staff of Happy Daze Farm should know while caring for your child at Horse Camp.

Allergies? If so, please list

Physical Restrictions? If so, please explain

Health Concerns? If so, please explain

Current prescribed medication we will need to administer? If so, Instructions?

Insurance Company _____

Identification /Policy Number _____

Physician's Name and Phone Number _____

I hereby give my child, _____, permission to fully participate in the Happy Daze Farm Camp from 9 am to 3 pm (fill in dates)_____. I further grant permission to the director of the activity (or authorized designee) to dispense to my child prescribed medication he/she is currently taking. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date _____