

Munnell Run Farm Program Permission Slip

Date _____

Parent's Name _____
Home Phone _____ Work phone _____ Cell phone _____
Address: _____
E-mail Address _____

Parent's Name _____
Home Phone _____ Work phone _____ Cell phone _____
Address: _____
E-mail Address _____

I give permission for (child's name) _____ to participate in programs at Munnell Run Farm. I understand that these are outdoor programs and that, although all reasonable precautions will be taken, my child could come in contact with hazards normally encountered in the outdoors such as wet or muddy conditions, sunburn, insects, and/or poison ivy.

Parent's Signature: _____

FOR EMERGENCY USE ONLY:

In case of emergency, please contact:

Name _____ Relationship to child _____
Phone _____

If a parent or emergency contact cannot be reached and my child needs immediate medical attention, please transport him or her to :

Name of Hospital: _____
Other: _____
