

**EMERGENCY CONTACT INFORMATION**

Child's Name: \_\_\_\_\_

In Emergency Notify: (This person must be someone other than the chaperone attending the program.)

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Permission for treatment by doctor/hospital:  YES  NO

If YES, any exceptions?  
\_\_\_\_\_

We want your child and all the other participants to have a fantastic gardening experience! By providing us with a little extra information about your child, we will be prepared to do just that.

Is your child known to be allergic to anything?  YES  NO

If YES, please describe, including the severity of the response and any control method used.  
\_\_\_\_\_

Does your child have any special needs which may impact his/her garden program experience?

YES  NO

If YES, please describe and let us know what accommodations we can make to ensure his/her experience is enjoyable.  
\_\_\_\_\_

I agree to have a chaperone stay with my child at all times during the program and handle any behavior problems if they arise.  YES

My child has permission to be used in public relation materials related to this program (picture/name in newspaper, newsletter and/or any other promotional materials).  YES  NO

**In consideration for the WSU Extension Master Gardener Program of Thurston County accepting this applicant into this program, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of the activity. In addition, I hereby release WSU Extension Master Gardener Program of Thurston County and its employees and agents, from any and all claims for personal injuries.**

**Parent Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

WSU Extension Master Gardener Program of Thurston County  
3054 Carpenter Rd. SE, Olympia, WA 98503  
360-867-2162 Website: <https://extension.wsu.edu/thurston>

