

Community Garden Child Participant Form

Participant Information

Child's Full Name Date of Birth Address
 School Name Grade

Parent / Guardian Information

Parent/Guardian Name Phone Number Email

Emergency Contact

Emergency Contact Name Emergency Phone

Medical Information

Any Allergies or Medical Conditions? Medications Needed

Permissions

☐ I give permission for my child to be photographed at the community garden. ☐ I give permission for my child to participate in all garden activities.

Signature

Parent/Guardian Signature Date