

WINSLOW FARM
SUMMER INSTITUTE
2008

GREEN SPROUTS

Winslow Farm
37 Eddy Street
Norton, MA 02766
508.285.6451
winslowfarm.com

Deb White, Owner and Operator

WINSLOW FARM MEDICAL FORM

Name: _____ Birth Date: _____ Sex: ___ Age: _____

Parent or Guardian: _____ Phone: _____

Home Address: _____

Business Address: _____

If not available in an emergency, notify:

_____ Phone: _____

Address: _____

_____ Phone: _____

Address: _____

Health History: (Give approximate dates)

Frequent Ear Infections _____	Hay Fever _____	Chicken Pox _____
Heart Defect/Disease _____	Ivy Poison _____	Measles _____
Convulsions _____	Insect Allergy _____	German Measles _____
Diabetes _____	Penicillin Allergy _____	Mumps _____
Bleeding/Clotting _____	Other Allergies _____	Asthma _____

Operations or serious injuries (dates): _____

Chronic or recurring illness: _____

Other diseases or details of above: _____

Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

Do you carry family medical/hospital insurance? _____ If so, please indicate:

Carrier: _____ Policy/Group No. _____

Any specific instructions? _____

Please notify Winslow Farm if this Participant is exposed to any communicable disease during the three weeks prior to Winslow Farm attendance.

This health history is correct to the best of my knowledge, and the Participant herein described has permission to engage in all prescribed Winslow Farm activities.

Signature: _____ Date: _____

WINSLOW FARM RELEASE AND INDEMNIFICATION

1. Release: The Participant and the Participant's Parents agree that neither he, she, or they shall hold Winslow Farm liable for any injury to or death to the Participant resulting from or related to his or her involvement in any program activities. The Participant and the Participant's Parents hereby remit, release, and forever discharge Winslow Farm for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, controversies, damages, claims and demands, in law or at equity, that he or she now has hereafter, can or may have or which his or her heirs, executors or administrators hereafter can or may have by reason of any injury to or death of the Participant caused by or in any manner related to program activities.

2. Indemnification: The Participant and the Participant's Parents further indemnify and hold Winslow Farm harmless for any injury or damage by the Participant to any person, property of any person or the Farm, which injury or damage is caused by the Participant's willful misconduct or negligence, including but not limited to damage or injury to any animals which may be at the Farm and any personal or real property. The Participant's Parents hereby acknowledge and agree if the Participant does not have sufficient funds to fully indemnify Winslow Farm they shall be personally and jointly and severally liable to Winslow Farm for any such injury or damage.

3. Consent to Emergency Medical Care: In the case of any injury to the Participant while on the Farm, under the care, custody, or control of Winslow Farm, participating in the Program, the Participant's parents hereby authorize Winslow Farm and any agent, employee, and or partner thereof, to seek medical care and attention for the Participant, including but not limited to arranging for an ambulance to take the Participant to any medical care facility, transporting the Participant to any medical care facility and consenting to treatment, medication and or surgery for the Participant provided that any such person shall contact or attempt to contact the Participant's Parents as soon as practicable. The Participant's Parents acknowledge that they shall be solely responsible for the payment of any medical costs and expenses incurred on behalf of the Participant and hereby indemnify and agree to hold harmless Winslow Farm for any costs incurred by it on behalf of the Participant.

Participant's Name: _____

Participant's Parent's Name (s):

Date: _____