



**CONTACT INFO AND WAIVER**  
SCRAPPY ART LAB & WARDWELL FARM

Date \_\_\_\_\_

Program \_\_\_\_\_

**Child Information**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent/Guardian Contact Info**

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Other Emergency Contacts (relatives or friends authorized to pick up child if parent cannot be reached)**

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

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

**Medical Information**

Medical Insurance Plan: \_\_\_\_\_ ID: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

**Information we should know about your child such as medical issues; medication(s) being taken; allergies to foods, bee stings, poison oak, etc; extreme fears; behavior support measures; or anything else for best success:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I/we authorize Scruppy Art Lab / Wardwell Farm to **obtain emergency medical care** for my/our child. Any expenses incurred in obtaining such medical care will be paid by me/us.
- I/we give permission for my/our child to be **transported off of the premises in case of emergency.**
- I/we give permission for my/our child to **participate in all camp/after school/drop-off activities.** I we/understand this may include the use of hammers, nails, screwdrivers, screws, awls, hot glue guns, sewing needles, pins, and scissors. I/we understand that some materials used are donated, and Scruppy / Wardwell will do its very best to make these materials safe to use. I/we understand that participation in the activities may also include walking to a creek, interacting with farm animals, climbing trees, and playing field games.
- I/we understand that **no credit is given for partial attendance.** Tuition will not be refunded if the child is absent, withdrawn, suspended, or otherwise does not complete the activity.
- I/we do hereby **release, waive, discharge** Scruppy Art Lab and Wardwell Farm, its employees, and agents for liability from any and all claims resulting in personal injury, accidents, or illnesses, and property loss arising from, but not limited to, participation in the activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_