

# Paint Party Farm - Medical Consent Form

Name of participant: \_\_\_\_\_

Birth date (month/day/year): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

In case of an emergency, Paint Party Farm has my consent to authorize medical care for my child.

Family doctor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Parent/guardian phone number: \_\_\_\_\_

Parent/guardian e-mail address: \_\_\_\_\_