



Progressive Agriculture Safety Day®
Registration Form 2014
Todd Family Fun Farm - Yorkville, TN

Student Name _____ Gender _____ Grade _____

Address _____

City, State, Zip Code _____

Parent(s) Names _____

Phones: Home _____ Cell _____

Name of emergency contact _____

Phone where they can be reached during Safety Day _____

Family Physician _____ Phone _____

My child is allergic to: _____

Any foods the child can NOT eat due to allergy or doctor orders: _____

My child may be given the following over-the-counter medications: _____

My child has the following special needs and/or must take the following medications: _____

I understand that no one can pick up my child from Safety Day (unless contacted by school personnel due to sickness or other emergency, whereby school policies must be followed).

Parent Signature

NOTE: If you have more than one child attending a separate form for each child must be completed.