



## Parent/Legal Guardian Health Insurance Information

Name of Policy Holder: \_\_\_\_\_

Policy Number/Insurance ID Number: \_\_\_\_\_

Insurance Carrier and Phone Number: \_\_\_\_\_

Family Physician's Name and Phone Number: \_\_\_\_\_

Please list all of the child's allergies (medication, food, animals, etc.)

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

My child(ren) is attending Left Foot Farm Summer Camp located at 31510 44<sup>th</sup> Ave E. with my consent. I authorize Left Foot Farm staff to arrange for emergency care as needed. I agree to absolve and hold harmless any staff and/or volunteers at Left Foot Farm in case of injury or damage incurred while taking part in all activities.

*\*Please note: If your child/children has asthma, you MUST alert Left Foot Farm designated staff and must send along the appropriate medicine. All children must be fully responsible with and trained in the use of their medical equipment.*

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Left Foot Farm  
31510 44<sup>th</sup> Ave E.  
Eatonville, WA 98328  
lauren@leftfootfarm.com  
313-550-5331

