



Minor Permission and Medical Authorization

A parent or legal guardian must complete this form before a minor volunteers or participates.

Minor and Parent Information

Minor Full Name _____	Date of Birth _____
Parent or Guardian Name _____	Relationship _____
Home Address _____	
Primary Phone _____	Alternate Phone _____
Email _____	Emergency Contact if parent unavailable _____

Health and Safety Information

Allergies including animals, foods, insects, or medications _____

Medical conditions, medications, limitations, or accommodations _____

Preferred hospital or medical provider _____

■ The minor may participate in age-appropriate farm and animal activities under supervision. ■ Contact me before the minor handles an animal.

Emergency Medical Authorization

If I cannot be reached promptly during an emergency, I authorize Logan's H.E.A.R.T. representatives to contact emergency services and obtain reasonably necessary first aid or emergency medical care for the minor. I understand that Logan's H.E.A.R.T. does not provide medical insurance and that I am responsible for medical expenses. This authorization does not replace the separate liability waiver.

Pickup and Communication

Adults authorized to pick up the minor _____

■ The minor may be released only to an authorized adult. ■ The minor may leave independently with my written instruction.

■ I permit routine program texts or email. ■ Emergency communication only.

Parent or Guardian Signature _____	Date _____
Printed Name _____	Relationship if signing for a minor _____