

Movado Farms, Inc
IEA Emergency Contact Form

Child's Name _____
Address _____
City _____ State _____ Zip _____

Parent/Guardian 1

Name: _____ Relationship to child _____
Home Address _____
City _____ State _____ Zip _____
Home Phone: _____ Cell: _____ Work _____
Email _____
Employer _____
Occupation _____
Special Instructions for reaching you

Parent/Guardian 2

Name: _____ Relationship to child _____
Home Address _____
City _____ State _____ Zip _____
Home Phone: _____ Cell: _____ Work _____
Email _____
Employer _____
Occupation _____
Special Instructions for reaching you

People who may be called in an emergency and who are authorized to take your child from our care. We cannot release your child to anyone NOT on the list below other than parents listed above. Please indicate who to call first in an emergency (after parents listed above).

Name #1 _____ Relationship to child _____
Address _____ Phone _____

Name #2 _____ Relationship to child _____
Address _____ Phone _____

Name #3 _____ Relationship to child _____
Address _____ Phone _____

Child's Physician _____ Phone: _____
Address _____
Insurance Carrier _____ Policy Number _____

- Does your child have any medical condition(s) that the staff needs to be aware of?

- Medications currently being taken by your child:
- Allergies/reactions/sensitivities:
- Date of your child's last tetanus shot:
- Any other special medical concerns, etc:

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at Movado Farms, Inc. to have your child transported to that hospital.

"We understand that it is our responsibility to inform MOVADO FARMS, INC of any changes to the information above. We also understand that MOVADO FARMS will attempt to reach one of the people on this form, trying to reach parents first if there is an emergency before any action is taken. In the event that we cannot be reached, the staff has our permission to use discretion in securing medial aid. We give permission for emergency medical or hospital personnel to perform the necessary care needed for our child during an emergency. We further understand that MOVADO FARMS, INC, the staff at MOVADO FARMS, INC and/or any person responsible for obtaining medical aid for our child will not be responsible for any expense incurred by our family due to medical aid being given to our child."

Parent/Guardian signature _____
Date: _____



MEDIA OPT-OUT FORM

Please sign and return the attached form only if you DO NOT want your child to be photographed or filmed for use in print, television, film or Internet publications.

Public events such as horse shows and other sporting events are considered open to the public and outside photographers and videographers are not governed by this agreement.

Please discuss your wishes with your child so that s/he knows if you do not want your child to be photographed or filmed.**

PLEASE SIGN AND RETURN only if you **do not want** your child to be photographed or filmed.

• I DO NOT want my child to be photographed or filmed for use in print or Internet publications, documentaries, films or video, to the extent that Movado Farms, Inc. can prevent such contact.

Child's Name: _____

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: _____

Telephone Number of Parent/Guardian: _____