



**2019 Farm to Food Pantry Registration Form**  
**Pre-registration is required for all programs at Holly Hill Farm**

<b>Information (Please Print) One student per form, please</b>			
Name & Age of Student			Age:
Parent / Guardian name (s) (Print Legibly)	/		
Parent / Guardian E-mail (Print Legibly)/Cell #	/Cell:		
Student E-Mail (Print Legibly)/Cell #	/Cell:		
Street Address			
City, State, Zip Code			
Parent / Guardian Phone: Home/Cell/Work	H:	C:	W:
Parent / Guardian Signature			

**Complete the FHHF Medical & Emergency Contact Form and mail to FHHF. Be sure a copy of your student's most recent physical exam and immunization records is sent to FHHF to complete the registration process.**

<b>Farm to Food Pantry Program</b>		
Check desired season for Community Service, and available months/days/time:		
March-June	July – August	September - November

**Suggested Donation & Submitting Forms**

Donations to the *Farm to Food Pantry Program* make it possible to provide your child with a meaningful experience on the farm and at local food pantries. Donations are required to provide guided teaching time, purchase of seeds, transportation to food pantries and the ability to run this valuable program.

**Donation Levels:**

\_\_\_ \$30 (minimum donation) \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ Other \$ \_\_\_\_\_

**Thank you! Your donation is tax deductible.**

Complete the Registration and Medical Contact forms with your child's most recent physical exam and immunization records. and enclose a check payable to "Friends of Holly Hill Farm, Inc." Mail to *Friends of Holly Hill Farm* 236 Jerusalem Rd., Cohasset, MA 02025 in order to complete registration.

Confirmation of enrollment will be emailed to you so please **print your email address legibly.**

**Scholarship support through the Frank H. White Scholarship Fund is available** by completing an application, either online or by mailing the application to the farm.

Contact Jon Belber at 781-383-6565 or [jbelberhollyhill@hotmail.com](mailto:jbelberhollyhill@hotmail.com) with any questions or for further details.

**For Office Use Only**

Donation		Medical Forms	Date Received
Ck # _____ / \$ _____		Med Contact _____	
Date _____		Med Records _____	
		Admin of Meds _____	_____

## 2019 Medical and Emergency Contact Information Form

Please fill this form out for children who are attending the Farm to Food Pantry Program.

Student's Name:	Parent/Guardian Name:
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Home Phone:	Work Phone:	Cell Phone:
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Other person to whom child may be released Name and Phone Numbers:

Additional Emergency Contact Name and Phone Numbers:

Please indicate any allergies or medical conditions the program staff should be aware of such as allergies to bee stings, food, asthma, hay fever, etc.

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Name of Child's Physician:	Phone:

Please detail all medications your child is currently taking and include all additional information which may concern medical professionals in an emergency situation. Complete an 'Authorization to Administer Medication' form if applicable (example, EpiPen).


Does your child require special attention due to medical, behavioral, or other condition (such as attention difficulties, learning differences, bathroom issues, phobias)? If so, please detail:


### Authorizations & Releases

Parent/Guardian Authorizations: I understand that *Friends of Holly Hill Farm* staff is First Aid and CPR certified to handle unexpected emergencies. I hereby give permission to *FHHF* staff to provide routine first aid and CPR, seek emergency medical treatment, and/or to arrange related transportation for my child, if necessary. I agree to hold the *Friends of Holly Hill Farm* harmless for any loss, damage or injury to person or property that may arise out of my child's participation in this program.

Signature:	Date:
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Model Release: I hereby give permission to the *Friends of Holly Hill Farm*, to use my or my child's name and photographic likeness in any editorial and/or promotional material produced and/or published by *FHHF* in any form or printed or electronic media. I hereby waive any right to inspect or approve the finished product in which my or my child's photographic likeness appears, arising from, or related to, the use of any photographic likeness.

Signature:	Date:
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Complete this medical form and the *Farm to Food Pantry Program* Registration form and mail both to: *Friends of Holly Hill Farm*, 236 Jerusalem Road, Cohasset, MA 02025. A copy of your student's current physical exam including complete immunization records must also be included. Thank you!