

Date: _____



Employee/'Farmer' Application

Farmer Name: _____

Date of Birth: _____ Gender: M ____ F ____

If student, name of school and phone number or service provider name and phone number:

Post- High School Graduates: Please describe your post high school education or employment:

Please list of things - you as a 'Farmer' like to do: Be creative and honest too 😊

We will use this list to help staff and volunteers, which will work with you, as a base knowledge of YOU!

1. _____
2. _____
3. _____
4. _____

Farmer Background Information:

1) Please describe any health concerns or restrictions that may limit this Farmer's ability to participate in the **Roots to Wings** produce garden, our store, produce market, product production, berry harvest, and product making programs:

2) Does the Farmer have any behavior issues? Yes ____ No ____

Kindly explain response:

3) Was this Farmer ever charged or convicted of a crime? Yes ____ No ____

If YES, answer and indicate date, location and nature of offense:

Signature of person completing form: _____

Relationship to Employee/Farmer: _____ Date: _____

Roots to Wings Release Form for Employee/Farmer

I represent and warrant that to the best of my knowledge and belief I am/my child is physically and mentally able to participate in **ROOTS TO WINGS** programs.

I understand that Farmers will follow all of the rules of **ROOTS TO WINGS** programs and will stay within the defined premises of these programs.

I understand that the relationship between **ROOTS TO WINGS** and the Farmer is an "at will" arrangement that may be terminated at any time without cause by either the Farmer or **Roots to Wings**.

If a medical emergency should arise during my/my child's participation in **ROOTS TO WINGS** programs at a time when I am not personally able/present to be consulted regarding my/my child's care, I authorize **Roots to Wings** to take whatever measures are necessary to protect my/my child's health and well being, including, if necessary, hospitalization.

Roots to Wings has my permission (both during and anytime after) to use my/my child's likeness, name, voice, or words in either television, radio, film, newspapers, magazines, Facebook, website, and other media, in any form, for the purpose of advertising or communicating the purposes and activities of **ROOTS TO WINGS** and/or applying for funds to support these purposes and activities.

I waive and release all claims against **Roots to Wings**, its board of directors, employees, volunteers or program participants for any and all injuries and/or losses sustained by myself, (my child) Farmer, my heirs and assigns while participating in **Roots to Wings** programs.

I, the undersigned, have read and fully understand the provision of the above release, and if I am an adult Farmer, an authorized individual has explained these provisions to me. By signing this release form, I agree to the above provisions. If I am the parent/guardian of the Farmer named on this form, I am agreeing to the provisions on my own behalf and on the behalf of the farmer named on this application. If I am a witness to an adult Farmer, I certify, that I have reviewed this release with the Farmer and I am satisfied that the Farmer understands this release and has agreed to its terms.

Farmer Name: _____
(Please Print)

Signature of Farmer: _____ Date: _____

Parent/Guardian Name: _____
(Please Print)

Signature of Parent/Guardian: _____ Date: _____

Name of Witness for Adult Farmer: _____
(Please Print)

Signature of Witness for Adult Farmer: _____ Date: _____

Declaration of Consent

Please indicate your consent to each item by signing below each statement.

Emergency Medical Treatment Consent

I, _____, parent/guardian of _____

give permission to the medical personnel selected by Roots to Wings to order hospitalization, treatment, anesthesia, and surgery, if necessary, in case of an emergency, when parents cannot be reached.

Signature : _____ Date: _____

Photo Release Consent

I, _____, parent/guardian of _____

give Roots to Wings permission to use my child's name and/or picture in presentations, media releases, newsletters, marketing materials and social media solely for the purpose of promoting Roots to Wings and its programs.

Signature : _____ Date: _____

Waiver of Liability Consent

I, _____, parent/guardian of _____

agree to release Roots to Wings and all staff and volunteers from all liability for any additional illness or injury to my child and for any accidental damage or destruction of my child's property during their participation in Roots to Wings programs.

Signature : _____ Date: _____

Today's Date: _____

Participant Plan of Care

Full Name of the Roots to Wings program Participant child/youth/adult:

First: _____ Middle: _____ Last: _____

Medical Diagnosis: _____

Height: _____ Weight: _____ Blood Type: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Emergency contact name: _____ Emergency phone: _____

Family Information:

Father's Full Name: _____

E-mail address: _____

Work phone: _____ Cell phone: _____

Mother's Full Name: _____

E-mail address: _____

Work phone: _____ Cell phone: _____

If child lives with a caregiver, please list primary caregiver information as well.

Caregiver's Full Name: _____

E-mail address: _____

Employer: _____

Work phone: _____ Cell phone: _____

Contacts/Assistance in the Community:

Primary physician name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office phone number: _____

Medical Information:

Health Insurance Company: _____ ID #: _____

Group #: _____ Hospital Preference: _____

*If you have a medical plan of care for emergencies, please attach a copy for Roots to Wings use. Also, the same plan, which you may have, for school or a daycare provider is acceptable as well.

Please list **medications** that are taken on a regular basis.

	<u>Medication</u>	<u>When Taken</u>	<u>How is it administered?</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Allergies to medication/food or environmental allergies:

	<u>Medication</u>	<u>When Taken</u>	<u>How is it administered?</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list any medical or special precautions for managing the following concerns and please check any that may apply and explain:

Seizures: _____ G-Tube: _____ Trach: _____ Positioning: _____ Respiratory: _____

Please explain: _____

Communication Needs:

Can communicate with others using:

Words ____ Phrases ____ Sentences ____ Babbles ____ Gestures ____ Sign Language ____ Other ____

Can understand what others say:

All the itme ____ Most of the time ____ Some of the time ____ Recognizes voices of family ____

Dietary Needs/Eating Habits:

Special Diet: _____

Foods to avoid/Allergies to foods or medications: _____

Please describe any special assistance or adaptive utensils required for eating: _____

Toilet/Hygiene Needs:

Indicate any special toileting needs/schedule: _____

Behavior Management:

Check all that apply:

____ Shy ____ Outgoing

____ Is sometimes destructive

____ Prefers to be alone ____ Prefers groups

____ Sometimes threatens others

____ Adapts to new situations well

____ Sometimes hits, bites, or hurts self/other

____ Adapts to new situations with difficulty

____ Sometimes attempts to run away

____ Responds to correction well

____ Hyperactive and/or ADD/ADHD (circle which)

____ Responds to correction with difficulty

Behavior Concerns:

Please share any behaviors we should be aware of (i.e. aggressive behavior, tantrums, wandering):

Behavior Modification Plan:

(May attach school management plan or other agency management plan.)

Please explain in detail the behavior management plan being used at home and school to modify inappropriate behavior that may be exhibited. Our goal is to maintain consistency in the implementation of this plan:

Participant responds to separation from his/her parents by: _____

Participant is best comforted by: _____

If you have other concerns and have additional information, please list them on the back.