



# BALLENTINE FARM

*Harvesting Young Minds*

## KINDERGARTEN HEALTH RECORD & RELEASE

Student's Name : \_\_\_\_\_

Emergency Contact: (Non-parent/guardian)

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Student's Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

My child takes the following medications daily:  
(Please be sure to include dosage instructions)

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

Medication Side Effects: \_\_\_\_\_

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

Student Allergies & Treatment: \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Please list any further medical conditions, treatments, or restrictions we should be aware of:

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

**BALLENTINE FARM**

**We request that you mail a copy of your child's immunization record at least one week prior to the first date they are registered to attend kindergarten. (The latest we may accept shot records would be the first day of school. Due to emergency issues, we cannot have students attend without obtaining this record.)**

I hereby state that the health history provided above is correct to the best of my knowledge. My child, \_\_\_\_\_, has permission to participate in all school activities. I understand these activities may include certain risks. I authorize Ballentine Farm, Inc. (1) to administer medications as listed to my child; (2) to secure emergency medical care at my expense if I am unable to be contacted in the event of an emergency and (3) to use my child's photograph in promotional resources. I specifically release Ballentine Farm, Inc., its owners, directors, employees, and volunteers from any claim of any kind arising from my child's participation in the kindergarten program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Please contact Debbie Ballentine with any questions you may have:*

*Debbie@ballentinefarm.com  
540 . 882 . 4546*