

**HFMD's 2024 Annual Meeting Registration form
For Children's Programming
Saturday, April 20th, 2024
8:45 a.m. - 3:00 p.m.**

**Child programming registration closes on April 14th. Please complete and return this form
by mail, fax or email to be received before the April 14th deadline to:**

**HFMD
750 S. Plaza Drive, Suite 207 | Mendota Heights, MN 55120
Fax: 651-406-8656 | Email: info@hfmd.org**

Child's Name: _____ Age: _____ Allergies: _____

Blood Disorder Type _____ List Diet Restrictions: _____

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Blood Disorder Type _____ List Diet Restrictions: _____

*****Childcare staff will NOT administer any medications.***

PARENT/GUARDIAN CONTACT INFORMATION:

Name: _____ Cell: _____ Room # _____

____ I give permission for my child to participate in outdoor activities as part of the HFMD childcare program.

____ I agree to not take my child/children without signing them out with childcare providers.

By signing this form you are releasing the HFMD and event caregivers from any liability for injuries or accidents your child may incur during their stay.

Parent/Guardian Signature

Date