



Parent Permission Form for Cooking Event

Child/Parent or Guardian Agreement to participate in the cooking program at Carthage Area Hospital.

_____ (Name of Child) will have the opportunity to use kitchen utensils and equipment during our cooking program. ****Participant must be 12 years of age or older.** Participants will learn about appropriate and safe operation and use of kitchen equipment, and will be supervised at all times. Although every precaution is taken to prevent accidents, a certain risk is involved due to the nature of the experience, the age of the student, and the learning environment.

Participation in the cooking program is an opportunity to learn new techniques of preparing foods and trying new ingredients and recipes. We are asking for your cooperation in impressing upon your child the importance of being careful and following safety and operation instructions. This, we believe, will back up the instruction that is given. Failure to behave properly will result in discontinued participation in the cooking program.

Due to the nature of the class, we ask that you disclose any known food allergies or restrictions to ensure the safety of your child. Parents, please initial next to the corresponding statement.

_____ My child has NO KNOWN Food Allergies or Restrictions.

_____ My child's KNOWN Food Allergies and/or Restrictions include:

- May use photos or footage taken of my child during the class.
- May NOT use photos of footage taken of my child during the class.

I have read the above communication and I understand the type of program in which my child enrolled. I will stress the safety aspects of the program and encourage him or her to participate fully in this program.

Signature of Parent or Guardian

Date

Phone Number

E-mail