

## **Kid's in the Kitchen Registration Form**

**March 18<sup>th</sup> – 22<sup>nd</sup> 2019**

Please complete the attached registration form and return to Watson Lake Health Centre by March 13<sup>th</sup>, 2019. There will be a \$25 registration to cover the cost of an apron and supplies. If you have any questions or concerns, please contact Kristie-Ann or Sue at 536-5255.

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### **Special Health Considerations**

Health Card Number: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with anaphylaxis? YES \_\_\_\_ NO \_\_\_\_

Does the child carry an EpiPen? YES \_\_\_\_ NO \_\_\_\_

Food Intolerances: \_\_\_\_\_

\_\_\_\_\_

Reaction: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

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

**Alternate people that may pick up your child.**

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Photo Consent**

Please sign below to grant permission for the reasonable use of pictures containing \_\_\_\_\_ (child's name) in any or all of the following ways:

- Reporting
- Facebook (Kid's in the Kitchen staff will not use photos in this way, but other participants may bring a camera to take pictures on their own that may be shared publicly)
- Newsletters

Please check one or all of the boxes to grant your consent.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Date:** \_\_\_\_\_

