

CLASSIC COOKING MEDICAL AUTHORIZATION

Dear Parent:

In the event that your son/daughter is injured while in attendance in one of our programs, every effort will be made to contact you. In case we are experiencing difficulty in contacting parents/guardians of students during an emergency, the law requires that written permission must be obtained from the parent/guardian before any type of medical treatment can be administered to the student.

We are, therefore, requesting a signed medical authorization form by the parent/guardian to be held on file in our campus office.

Should it be necessary for my child to have medical treatment while participating in the Classic Cooking Summer Camp program, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child. I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician.

Student Name: _____

Date of Birth: _____

Home Telephone: _____

Address: _____

Telephones Home _____ Work _____
 Mobile _____

Contact Person Other than Parent/Guardian:

Name _____ Phone _____

Relation to Student: _____

Is the child allergic to any food or medication? Yes ☐

No ☐

If Yes, explain _____

Telephone: _____

Parent Signature: _____ Date: _____