

# AUTHORIZATION FORM

## Medical Authorization

In the event of a child's serious illness or accident while s/he is at the market, Old Trail School, Stan Hywet Hall & Gardens or elsewhere under Countryside Conservancy supervision, our policy is first to notify the child's parent/guardian, then his/her physician, as designated below, as soon as reasonably possible. However, if staff is unable to locate such designees and considers immediate treatment necessary, then I, the undersigned parent/guardian, hereby authorize the Jr. Chefs program to take such emergency measures as seem reasonably necessary under the circumstances, including treatment and/or surgery by an available physician and/or nearby hospital.

Student 1  
Name: \_\_\_\_\_  
Height/Weight: \_\_\_\_\_  
Last Tetanus: \_\_\_\_\_  
Immunizations: \_\_\_\_\_  
Conditions currently under treatment: \_\_\_\_\_  
Name/Dosages of Medicine: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Student 2  
Name: \_\_\_\_\_  
Height/Weight: \_\_\_\_\_  
Last Tetanus: \_\_\_\_\_  
Immunizations: \_\_\_\_\_  
Conditions currently under treatment: \_\_\_\_\_  
Name/Dosages of Medicine: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Physicians Name/Phone: \_\_\_\_\_

Dentist's Name/Phone: \_\_\_\_\_

Medical Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization to Pick Up a Participant

My child may be released to: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Authorization

I hereby authorize and give full consent to Countryside Conservancy, Old Trail School, and Stan Hywet Hall & Gardens to publish and copyright all photographs in which my child/children appears while enrolled as a participant in the Junior Chefs program. I further agree that the above named organizations may transfer, use or cause to be used, these photos in brochures, websites, newsletters, advertising, posters, displays, slide shows, videotapes, catalogues and like publications or literature without limitations or reservations. I hereby consent to the use of photographs subject to the terms mentioned above. I am the parent or guardian of the above-listed participants.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# REGISTRATION FORM

Parent or Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Work Phone (Mother): \_\_\_\_\_ Work Phone (Father): \_\_\_\_\_

Cell Phone (Mother): \_\_\_\_\_ Cell Phone (Father): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Register for Cooking Classes

Student 1

Student 2

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

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

Age: \_\_\_\_\_

Age: \_\_\_\_\_

School Attending: \_\_\_\_\_

School Attending: \_\_\_\_\_

**Please check all that apply. Each session is \$40 per student.**

	Student 1	Student 2	Total
Saturday, June 14th 10am - 1pm CFM at Heritage Farms/Old Trail School w/Chef David Uecke			
Saturday, June 28th 10am - 1pm CFM at Heritage Farms/Old Trail School w/Chef Ben Bebenroth			
Thursday, July 10th 4:30 - 7pm CFM at Stan Hywet Hall & Gardens Chef TBA			
Saturday, July 12th 10am - 1pm CFM at Heritage Farms/Old Trail School w/Chef Audra Arnold			
Thursday, July 24th 4:30 - 7pm CFM at Stan Hywet Hall & Gardens Chef TBA			
Saturday, July 26th 10am - 1pm CFM at Heritage Farms/Old Trail School w/Chef Roger Winfrey			
Thursday, August 7th 4:30 - 7pm CFM at Stan Hywet Hall & Gardens Chef TBA			
Saturday, August 9th 10am - 1pm CFM at Heritage Farms/Old Trail School w/Chef Jonathon Sawyer			

**Grand Total:** \_\_\_\_\_

**Complete registration and authorization forms and remit with payment to:**



## Countryside Conservancy

Attn: Jr. Chefs  
2179 Everett Road  
Peninsula, Ohio 44264

Phone: 330.657.2538  
Fax: 330.657.2198  
Email:  
farmersmarket@cvcountryside.org

## Countryside Conservancy

Providing healthy food choices by preserving farmland and supporting farmers in Northeast Ohio.