Digby SchoolsPlus –Healthy Cooking & Lifestyle Day Camp

Dear Parents/Guardians,

Digby SchoolsPlus will be hosting a **1 day Healthy Cooking & Lifestyle Day Camp** at **Digby Regional High School** on **Tuesday, March, 19th, 2019** from **10:00 am to 2:00 pm. The cooking class is open to grades 4-7 students who attend Digby area schools.**

There is absolutely **no cost** to participate in this program. Students will learn the following skills such as kitchen and food safety, measuring ingredients, how to follow a recipe, peeling, dicing, cooking on the stove top.

Students will be supervised by TCRCE employees at all times, but **PLEASE NOTE as with cooking there are certain risks involved**. Students will be using sharp objects such as knives and vegetable peelers and using appliances such as stoves and ovens.

Once we have finished the cooking class, we will continue the fun with an **Amazing Race** where students will have the opportunity to participate and complete mystery challenges throughout Digby Regional High School.

**Students must be registered in order to attend the program.** If you wish to have your child participate in the program, please contact me to reserve their spot. I ask that you please sign the attached consent form and return it to me when your child(ren) shows up to the cooking camp. **The registration form must be completed in order for your child to attend.**

If you have any questions please contact **Janice Cromwell, SchoolsPlus Community Outreach Worker** at the number provided below at your convenience. Please leave a message and I will return your phone call as soon as possible.

Thank you,

Janice Cromwell

SchoolsPlus Community Outreach Worker

902-245-7524

**Digby SchoolsPlus Healthy Cooking & Lifestyle Day Camp**

**Parental Consent Form**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact *(if you’re unavailable):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MEDICAL INFORMATION *(Mandatory Information)***

Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any **food allergies**, **dietary requirements**, or **cultural food restrictions**? Yes No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any physical limitations that we should be aware of? Yes No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CONSENT TO MEDICAL TREATMENT**  I consent to medical treatment should an incident arise. I consider the activity described above to be appropriate for my child’s participation. I also consider the transportation and supervision arrangements to be satisfactory to me and of a standard I would not hesitate to support.  Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**RISK LEVEL: medium** - risks involved with food preparation and cooking/baking

It is my knowledge that my child will be using sharp objects such as: knives and vegetable peelers, and involved in activities that are involved with cooking. I acknowledge the risks that are involved in the program.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT**

I hereby give permission for my child (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate the **Kidz in the Kitchen Day Camp** at **Digby Regional High School on Tuesday, March 19th , 2019**  **from 10:00 am to 2:00 pm** hosted by Digby SchoolsPlus. It is my understanding that my child will participate in this group activity in a safe and respectful environment and will be supervised at all times by TCRCE employees, Janice Cromwell, Madisen Goodwin, and Candy Mullen.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_