

TALIN MARKET STUDENT INFORMATION AND PARTICIPATION FORM

(please fill out one form per child)

Child's Name _____ Grade _____ Date of Birth _____

Class Date(s) _____

Parent Name: _____ Day Phone: _____

Address: _____ Home Phone: _____

_____ Alt Phone: _____

Emergency Contact #1 _____

Relationship to child: _____ Phone: _____

Emergency Contact #2 _____

Relationship to child: _____ Phone: _____

Child's Physician _____ Phone: _____

Child's Insurance Provider: _____

Additional person(s) allowed to pick up the child:

ANYONE PICKING UP YOUR CHILD MUST BE PREPARED TO SHOW A PICTURE ID

MEDICAL INFORMATION

Please provide information on any medical, psychological, or behavioral conditions, as well as any allergies or special needs that we should be aware of to ensure a positive experience for your child.

Talin Market Student Participation Form, continued.

Please list any prescription medications needed by your child. Be aware that Talin Market staff is not responsible for dispensing medication.

AUTHORIZATION FOR MEDICAL TREATMENT AND PARTICIPATION IN ACTIVITIES

Talin Market cooking classes may involve cutting, chopping, slicing, open flames, cooktop burners, and cooking with high temperatures, and that there is a minor risk of injury involved in such activity.

Talin Market wishes to avoid difficulties in obtaining medical services for children who may become ill or injured during Talin Market activities. As the parent/guardian of a child who is participating in a Talin Market sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention, or surgery for your child in case an emergency occurs. If no consent is given, you must provide a written statement of procedures to be followed if your child is injured or becomes ill during the activity.

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services given. If we are unable to contact you, Talin Market staff will consent to such services for your child by acting on your behalf based on written authorization. That authorization is the consent below.

I, the parent/guardian of _____, have read the above and hereby grant my child permission to participate in Talin Market activities. Furthermore, I designate Talin Market staff to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, or surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in Talin Market sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

Parent/Guardian Signature: _____ Date: _____