

You're the Chef registration form:

Please complete the following to participate in You're the Chef cooking sessions.

Participant Name: _____ Age: _____ (must be 7 or older)

Participant Signature: _____ Date: _____

Dear Parents/Guardians

Please complete the following for your child/ward to participate in You're the Chef cooking sessions.

I, _____ give permission for _____ to
(print name of parent/guardian) (print name of participant)

participate in You're the Chef cooking sessions. I understand that there is some risk involved with any food preparation activity (e.g. use of equipment such as electric skillet, blender, can opener and knives) and the consumption of food (e.g. allergic reaction, choking). I am aware that although the recipes used in the program do not include peanuts/nut products due to allergy risk, we cannot guarantee a nut free environment, and may not be able to accommodate other food restrictions due to allergy or intolerance. Being aware of this, I release the agency, Southwestern Public Health, the school and volunteers involved of any liability should an injury or medical event occur.

Due to the nature of the series, we ask that you disclose any known food allergies or restriction to better ensure the safety of your child. Please initial next to the corresponding statement:

_____ My child has **NO KNOWN** food allergies or restrictions.

_____ My child's **KNOWN** food allergies and/or restrictions include:

I, _____ the parent/legal guardian of _____
(print name of parent/guardian) (print name of participant)
and the participant in the You're the Chef cooking session, hereby authorize _____
(name of school or designate)

to arrange for the provision of medical treatment for my minor in the event of an emergency. This authorization will only be used when I or other Parent/Legal Guardian of the Minor is unavailable to provide consent.

I give permission for my child/ward to have their photo taken during the program to be used for the You're the Chef promotional purposes.

Yes No

Signature of parent/guardian: _____ Date: _____

Please return this completed form to: _____ by: _____

If you have any questions, please call : _____



Dear Parent or Guardian of You're the Chef participant:

We congratulate you for enrolling your child in the You're the Chef program. You're the Chef was developed by Registered Dietitians at Southwestern Public Health and is delivered by trained volunteers. The goal of this program is to help children and youth develop the skills and confidence necessary to prepare and enjoy healthy recipes emphasizing vegetables and fruit. You can help your child enjoy healthy eating by encouraging them to prepare You're the Chef recipes at home.

Your support can make all the difference:

- Ask him/her how they enjoyed each session, including what they learned and what recipes they prepared.
- Ask him/her to make the recipes they enjoyed at You're the Chef for the rest of the Family.
- Involve him/her in menu planning and food preparation whenever possible.
- Compliment him/her for preparing tasty foods for him/herself and your family.

For more information on healthy eating, visit Unlockfood.ca or call Telehealth Ontario at 1-866-797-0000 and ask to speak to a Registered Dietitian.

www.swpublichealth.ca

