



Student Name _____

Dear **Parent/Guardian:**

Your child is enrolled in our Culinary Arts & Hospitality program at Myers Park High School and will have the opportunity to use various tools and equipment. Appropriate instruction in the operation of these tool and equipment is given.

Close supervision is maintained at all times. Although every safety precaution is taken to prevent accidents, a certain risk is involved due to the nature of the experience, the age of the student and the learning environment. The Insurance Notification Form below **must be completed in order for your child to participate in this program.**

As the parent/guardian of above named student, I hereby verify that he/she:

() Has school insurance

() is covered by a policy comparable coverage

Policy Number

Insurance Company

() Is not covered by insurance, but I hereby certify that I have been notified herein that my son/daughter/dependent is participating in an activity where insurance coverage is recommended and considered prudent.

Parent/Guardian Signature

Date

Foods not eaten for Religious Reasons:

Food Allergies:

(Allergies need to be on file with the School Nurse along with Epi Pen)

In Case of an Emergency, I will need to contact the parent responsible for you. Please fill in the following information carefully and please tell me if this information changes in the future.

Mother/Guardian NAME:	Father/Guardian NAME:
Work phone:	Work phone:
Cell Phone:	Cell Phone:
Email:	Email: