

# Parent/Guardian Consent



We're looking forward to your child or children participating in a cooking class with Cori and the Cookaburras Cooking School! We will be preparing and tasting recipes using a variety of food products and common kitchen equipment.

Please read this form carefully before completing the information requested within it before signing below.

Parent/Guardian: I \_\_\_\_\_ have voluntarily agreed to allow  
Child/children's name: \_\_\_\_\_ Age \_\_\_\_\_  
to participate in the Cookaburras Cooking School class at \_\_\_\_\_

I confirm that I have read, understood and agree to the following (*please tick each box to confirm that you agree*):

My child will be exposed to a variety of foods and will be working with cooking tools and appliances with supervision.

I have provided all relevant information concerning my child or children's food allergies or sensitivities to foods (if applicable) and accept the risk of any allergic reaction or injury incurred by my child as a result of his/her participation in the class, except the risk of injury resulting from the negligence of Cookaburras Cooking School.

I have provided all relevant details of my child's medical or physical needs on registration/enrolment and where relevant have updated this information.

I give permission for my child to receive basic first aid, including the application of plasters if necessary.

In the event of an accident or illness, Cookaburras Cooking School may obtain or administer any emergency medical assistance or treatment my child may reasonably require.

I accept liability for all reasonable costs that may be incurred by Cookaburras Cooking School in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse Cookaburras Cooking School the full amount of those costs.

I give permission for my child or children to be photographed and/or videoed during the class. I give permission for these photographs and/or videos to be used for Cookaburras Cooking School marketing purposes, including in the media and on the internet.

# Parent/Guardian Consent

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By signing below I release any claims, damages and liabilities arising from or related to my child or children's participation in the Cookaburras Cooking School class.

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

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Additional designated adult who may be contacted in case of an emergency:

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

Relationship to child or children: \_\_\_\_\_

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

\_\_\_\_\_

Date: