



Staff use:	
Class _____	Session _____
BDay _____	Host _____
Event _____	Date _____

**HEALTH STATUS PROFILE/MINOR LIABILITY RELEASE FORM**

The **Health Status Profile/Minor Liability** release form is designed to identify any health risk factors your children may have, such as allergies, which will help instructors modify recipes to meet the needs of your children.

Child's Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is Child's address same as parents: \_\_\_\_\_  
 If not, \_\_\_\_\_  
 \_\_\_\_\_

Please tell us how you learned of What's CookingD? \_\_\_\_\_

General Health (check all that apply)

- Any known food allergies
  - If yes, please list \_\_\_\_\_
  - Medications \_\_\_\_\_
- Lactose or gluten intolerance
- Other \_\_\_\_\_

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_. I further certify that I understand the above general health questions and have answered each question completely and accurately. I agree to promptly notify What's Cooking D In writing should there be a change in my child's health conditions. I fully understand and acknowledge that the activities at What's Cooking D involve inherent risks, dangers and hazards which may result in injury or illness. I hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify What's Cooking D, its managers, members, and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, or otherwise that I may have, either in my own behalf or in my capacity as legal representative of my child, which may arise from my child's participation in classes or events or use of equipment at What's Cooking D

Signature:

Date: