

**FROG LEGS, KIDS CULINARY ACADEMY  
YOUTH MEDICAL RELEASE FORM**

Student's First and Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender (circle one): Male Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Registering Parent/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

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

Home Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

Out-of-State Emergency Contact: (Name and phone) \_\_\_\_\_

**INSURANCE INFORMATION** (if you do not carry health insurance, please indicate so):

Name of Health Insurance Carrier: \_\_\_\_\_

Group/Plan Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal/Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

**MEDICAL CONDITIONS:**

If your child has any personal medical condition or problem that Frog Legs Culinary School should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise.

2. Does your child have asthma? \_\_\_\_\_. If so, does s/he have medication? (specify):
3. Does your child have any physical disabilities or limitations that we need to be aware of on this program?  
If so, please explain:
4. Is your child currently on any medication? \_\_\_\_\_. If so, please explain:
5. Does your child have any special needs that we should be aware of that may affect his/her participation in the program (e.g. Fears, Second language, ADD, Asperger's...)? Please explain.
6. Does your child have any other condition that we should be aware of :
7. Is your child allergic to any of the following? If so, please give specific allergen, specific reaction to each, degree of sensitivity
  - 1.) Medications (i.e. penicillin, aspirin):
  - 2.) Insect bites (i.e. wasps, bees):
  - 3.) Foods (i.e. peanuts, chocolate):
  - 4.) Plants:
  - 5.) Other:

Does your child use medication for allergic reactions? If so, what do you use? \_\_\_\_\_

\*\*\*Note: if your child has anaphylactic allergic reactions we request that s/he bring EpiPen or AnaKit)

8. If the program your child is registered for includes meals, is your child Vegetarian? \_\_\_\_\_,  
Vegan? \_\_\_\_\_ other special food needs? \_\_\_\_\_

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**PHOTO/VIDEO RELEASE:** By signing below I hereby grant free permission for Frog Legs KCA to use still or motion picture images of myself participating in their programs or events for outreach purposes, including but not limited to electronic or print materials, or print or broadcast media. [ ] No, I do not wish to grant a photo release. (please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs and video.)

**RELEASE, INDEMNIFICATION AND WAIVER FORM: (This is a release – please read it carefully)**

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by FROG LEGS, KCA which are beyond the control of the instructors, agents, officers, students, and employees of Frog Legs and that participation by my child in any program activities may entail unavoidable risk of personal injury, death, and loss of or damage to property

I hereby assume all risks of injury and death to my child and loss of or damage to property arising out of my child's participation in such activity and I agree to indemnify, hold harmless Frog Legs, its officers, instructors, agents, and employees ("Releases") from and against all claims arising from any occurrence causing damage or injury to my child or to any party participating in said event or any third parties injured as a result of my child's actions. I also confirm that by signing as a Parent/Guardian, I release, waive and discharge the Releases for all claims any parent of my child might have as a parent or guardian for injury to a child for whom I have signed. I further agree to repair or reimburse FROG LEGS for any and all damages that my child causes to Frog Legs property or the property at which a specific activity is held.

In the event that my child requires medical attention while participating in this program, I hereby grant permission to Frog Legs and its representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

Prior to signing below, I have read and understand the terms and conditions of this Release, Indemnification, and Waiver, understand by signing below I am waiving certain legal rights I may have against the Releasees, and I agree to subscribe to all the terms and conditions set out above.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Please return to Frog Legs, Kids Culinary Academy  
3217 33<sup>rd</sup> Ave South  
Seattle WA 98144**