

## Culinary Kids Cooking LLC, Camper Information Form

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

Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Any **FOOD ALLERGIES** or **medical conditions**? (please circle)    *yes*    *no*

Is your child taking any medication? (please circle)    *yes*    *no*

Name of Medication (if applicable) \_\_\_\_\_

Will your child need to take the medication during camp hours?    *yes*    *no*

I am aware my child's photo may be used in Culinary Kids promotional material and social media.

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