



PARENTAL CONSENT FORM
Family, Career and Community Leaders of America, Inc.
1910 Association Drive
Reston, Virginia 20191-1584

All Culinary Chicken Fabrication and Culinary Knife Skills participants must fill out the parental consent form and bring it to the Orientation Session at National Cluster Meeting. All medical information must be complete and accurate.

_____ has my permission to receive medical treatment by a physician should an illness or minor accident occur while participating in a Skill Demonstration Event (Culinary Chicken Fabrication or Culinary Knife Skills) with the national Family, Career and Community Leaders of America. The following information may be helpful if such a situation arises:

Our family physician is: _____ Phone (____) _____
(include area code)

Physician's address: _____

Known allergies: _____

Special medical conditions that should be noted: _____

Special medication currently taking: _____

Prescription number and pharmacy for special medication currently taken: _____

Contact in case of emergency: _____

Comments: _____

Insurance Company: _____

Identification #: _____

Group #: _____

Location of Card: _____

Insurance Company Phone Number: (____) _____

I have read and consent to the above.

(Signature of Parent/Guardian) (date)

(Signature of Participant) (date)