**Nana Clare’s Kitchen**

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION – 2019 (full year)**

I, (parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent/legal guardian of the child listed below.

(child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be a student enrolled in the 2018

Kids Cooking Camp’s with Nana Clare’s Kitchen (NCK), do hear by expressly authorize any of the following

steps, when deemed necessary and appropriate by NCK personnel, to be taken by NCK in the event of a

medical emergency involving my child/ward, which may arise on the premises of NCK.

1. To notify and request aid, if appropriate, of trained emergency medical personnel for immediate treatment of

my child/ward. (Ms. Gina – Gina Zieniewicz is Red Cross Certified in First Aid, CPR & AED treatment of both children & adults)

2. To transport my child/ward to the nearest medical facility for appropriate medical treatment.

It is agreed that NCK will have the exclusive and immediate right to determine when, in its judgement,

such medical emergency shall exist. If in the judgment of NCK it is appropriate, under the circumstances, NCK

will attempt to contact me, as the parent/guardian before taking any of the above-listed emergency steps.

It is agreed that if and when NCK does report the matter to me, as the parent/ guardian, NCK will then

no longer have the principal responsibility for the emergency care of my child/ward but will become the agent

of myself, the parent/guardian.

It is agreed that I, the parent/guardian, will indemnify and hold harmless NCK and/or its agents and

employees from and against any and all claims and losses which may be incurred or which may be claimed as

a result of the alleged acts or alleged failures to act during the emergency.

As parent/guardian of the above named individual, I advise that he/she has the following **allergies,**

**medical conditions**, is taking the following medications, and/or cannot take the following medications

**(if none; please so indicate**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference (if none; please so indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*I have read and understand the medical treatment authorization. By signing below I agree to abide by it. I also

agree that Nana Clare’s Kitchen shall not be liable for any damage to either person or property sustained by

the student nor by any third party arising in any way out of the student’s use, operation, occupancy of kitchen

premises, or distribution of any product produced on the kitchen premises. The parent/guardian covenants and

agrees to indemnify, defend, and hold harmless Nana Clare’s Kitchen and its employees from any and all

claims, costs, and liabilities arising from or in connection with damages or injuries to persons (including death)

or property in, upon, or about Nana Clare’s Kitchen premises, any portions thereof, or resulting from the

distribution, consumption, and use of any service provided or product produced by the student on Nana Clare’s

Kitchen premises. "

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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