

Baking & Cake Art Academy, Inc.

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. Please be advised that unless your child is in a private class, the instructor will modify recipes where possible. It is, therefore, important for the following information to be submitted not less than seven (7) days prior to class registration.

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 Baking & Cake Art Academy. _____

General Health (circle all that apply)

1. 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 Baking and Cake Art Academy in writing
should there be a change in my child's health conditions.

Parent or Guardian signature

