



MEDICAL CONSENT FORM

Baking and Pastry & Culinary Arts STAR Events

All participants must submit this completed consent form prior to or during check-in at the event

_____ has permission to receive medical treatment by a physician should an illness or accident occur while participating in the Baking and Pastry or Culinary Arts STAR Event with the Utah region or/and state Family, Career and Community Leaders of America.

Participant's FCCLA chapter/school _____

Participant's advisors name _____

The following information will be helpful if such a situation arises:

Known Allergies: _____

Medical condition(s) that should be noted and any medications taken for the condition:

Emergency Contact Information

Name: _____

Phone Number: _____

Relationship to Participant: _____

Name: _____

Phone Number: _____

Relationship to Participant: _____

Primary Physician Name: _____

Physician's Address: _____

Physician's Phone Number: _____

I have read and consent to the above statement. I acknowledge that all the information provided is accurate.

Parent/Guardian First and Last Name: _____

Parent/Guardian Signature: _____

Participant First and Last Name: _____

Participant Signature: _____



Informed Consent for Minors

This is an informed consent for minors, which identifies risks of participating in a Salt Lake Community College hosted activity, and a consent form for parents/guardians.

Parent or Guardian, read and sign this section:

The undersigned, the parent or legal guardian of _____, a minor participant (hereinafter "Participant"), in consideration of participant's being allowed to **compete in the Utah FCCLA Baking and Pastry or Culinary Art STAR Event on March 21, 2025**, acknowledges that participation may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There are also various risks and dangers involved in the activity that may cause physical or mental injury. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities. I understand the nature of the event and the potential dangers incident thereto and consent to the participation of my child.

In particular, I recognize that culinary food preparation and baking activities involve various equipment and circumstances, which pose a possibility of physical injury, including but not limited to cuts, burns, falls and strains. I hereby give permission for my child to participate.

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

Name _____ Date _____

Signature _____

(Parent or Legal Guardian Signature)

Participant read and sign this section: Injury may result from participating in the FCCLA Culinary and Baking and Pastry STAR Event. You are expected to familiarize yourself with the activity or program you intend to participate in and what is required, rules of conduct and safety equipment. You are expected to follow proper operating procedures including safety procedures as outlined by the activity/program leaders, plus any directions given by Salt Lake Community College personnel and use all equipment needed for the event as explained in the guidelines in the appropriate manner as intended.

I, _____, acknowledge that I have familiarized myself with the activity or program and what is required, will follow the rules of conduct, will at all times use the provided safety equipment, and will follow any directions given by Salt Lake Community College personnel.

Name _____ Date _____

Signature _____

(Participant Signature)

This side of form is for those under age 18. A fully signed form must be turned in to Salt Lake Community College in exchange for an opportunity to participate as outlined above. No Exceptions!