Idaho County 4-H
Food Science Fun Day

Wednesday, June 15, 2022
1:00 – 3:00 p.m.
Grangeville High School
Return this Registration to the Extension Office by June 6th

Name: _____ **Age:** ___ **Grade:** _____
(just completed)

Address: _____ **Phone:** _____

Parent/Guardian: _____ **Alt. Phone:** _____

Science is everywhere! Yes, even in food! It's a mixture of chemistry, biology and physics. This Food Science Day will be a hands on experience. You will be doing experiments where you will learn the basic building blocks of food science in a kitchen "laboratory". You will be learning why and how things happen in all kinds of foods.

4-H Member Signature: If I am permitted to attend the Idaho County 4-H Food Science Fun Day, I agree to cooperate fully with the activity directors, instructors, leaders.

_____/_____
Applicant's signature Date

Parent/Guardian Permission: I hereby grant _____permission to attend Idaho County 4-H Food Science Fun Day.

_____/_____
Parent/Guardian signature Date

Return this application and health statement (on back of this form) by June 6, 2022 to:
Idaho County Extension Office, 320 West Main Street Rm 3, Grangeville, ID 83530
Or sheckman@idahocounty.org

(Over for Health Statement)

HEALTH STATEMENT

NAME_____ **AGE**_____ **SEX**_____

Please list below any physical condition that the Camp Nurse should know. This information will be kept confidential and used only for the welfare of the participant.

Present medical problems:_____

_____

Medicines taken regularly:_____

_____

Allergies:_____

_____

Special Dietary Requirements or Food Allergies: _____

_____

Limitations on physical activity or any condition requiring accommodation:_____

_____

Last Tetanus immunization date_____

My son/daughter has my permission to attend camp and participate in the programs and activities. If any illness develops or accident occurs, medical and or hospital care will be given. You have my permission to request hospitalization and medical or surgical treatment as recommended by the attending physician. I understand that in case of serious illness or injury I will be notified immediately, but if it is impossible to contact me at the phone numbers listed below, I give permission for emergency treatment as recommended by the attending physician.

_____ _____

Name of family doctor **Phone**

_____ _____

Signature of Parent or Guardian **Date**

Daytime Phone: _____ Alternate Phone: _____ **Alternate Phone**:_____