



Spring 2019

Dear Chickasha Parent/Guardian,

My name is Cassandra Johnston, the Health Corps Coordinator for Chickasha High School. Health Corps is a non-profit organization established in 2003 by Dr. Oz and his wife Lisa. Our mission is to give teens the tools they need to improve their physical and mental health so they can learn to live more productive and happier lives.

I will be on campus promoting wellness for staff *and* students. I will be implementing programs such as: healthy cooking club, lunch-time demonstrations, staff wellness challenges, and a health fair – among other programming. All programs are focused on the **3 pillars of wellness**: Physical Activity, Mental Resilience, and Nutrition.

To share a little bit more about myself, I grew up in sunny southern California. I received my Bachelor's in Health Science at California State University of San Bernardino and am currently working on my Master's in Health Care Administration. I am passionate about health and I hope to be a resource to you and your community.

Please call/text me with any questions or concerns you may have regarding my presentations or any programming; I would love to hear from you!

Warm regards,

Kassandra Johnston

Program Coordinator, Living Labs

Chickasha High School, Chickasha, Oklahoma

HealthCorps, Inc.

Cell Phone: (347) 233-8549

Email: kassandra.johnston@healthcorps.org



Chickasha High School Cooking Club Application

What is Cooking Club?

- **A way for you to empower yourself through the power of cooking!**
- **You'll learn teamwork, leadership, public speaking, and culinary skills.**
- **Each week you'll get to cook a different recipe with friends.**
- **YOU GET TO EAT DELICIOUS FOOD!**

Expectations? Keep it REAL...

Respectful

Enjoy yourself

Assume good intent

Lean on one another

Lesson Goals and Objectives

Introduce teens to basic principles of safe cooking and healthy eating to:

- Practice using knives safely.
- Practice reading recipes and mise en place in preparation for cooking.
- Prepare a recipe with foods from at least three food groups.
- Discuss the benefits of making healthy food choices.

Encourage teens to eat more fruits and vegetables and choose healthy beverages to:

- Taste and describe a variety of fruits and vegetables.
- Prepare a meal using colorful fruits and vegetables.
- Practice reading food labels.
- Taste and describe a variety of healthy beverages.

Encourage teens to choose whole grains and to eat breakfast more often to:

- Taste and describe a variety of whole grain foods.
- Prepare a variety of breakfast foods.
- Practice identifying whole grain foods by reading label ingredient lists.

Encourage teens to prepare more meals and snacks at home to:

- Prepare a meal using lean cooking techniques.
- Practice identifying healthier choices when out to eat.
- Practice identifying healthier snack choices.

Encourage Teens to make smart choices when food shopping to:

- Practice comparing unit prices.
- Practice identifying healthier choices when food shopping.

Encourage teens to use what they've learned to prepare healthy homemade meals, drinks, and snacks to:

- Prepare a healthier version of their favorite meal.
- Set goals to continue using what they've learned after the course ends.



Cooking Club will have LUNCH MEETINGS and AFTER-SCHOOL MEETINGS.

Schedule is as follows:

LUNCH THURSDAY meetings:

Course Meeting Times: Thursday Lunch time 10:55AM-11:35AM

Course Location: Room #701 (Ms. Johnston's Office)/ #702

Instructor: Health Coordinator- Ms. Johnston

Mandatory Initiation Meeting- January 17th!

Week 1- January 24TH, 2019

Week 2- February 7TH, 2019

Week 3- February 14TH, 2019

Week 4- February 21ST, 2019

Week 5- February 28th, 2019

Week 6- March 7th, 2019

Week 7 – March 14th, 2019

Week 8- March 28th, 2019

Week 9- April 4th, 2019

Week 10- April 11th, 2019

Week 11- April 18th, 2019

Week 12- April 25th, 2019



Schedule is as follows:

AFTER-SCHOOL WEDNESDAY MEETINGS:

Course Meeting Times: Wednesdays, 3PM-4:30PM

Course Location: Room #429

Instructor:

Co-Lead Instructors:

- Liz Taylor (OSU extension office)
- Ms. Johnston (CHS Health Coordinator)

Instructor Assistants:

- English Teacher – Mrs. Gordon
- Paraprofessional – Mr. Kameron Lindsay
- USAO Professor – Ms. Jeanette Loutsch

Week 1- January 23rd, 2019

Week 2- February 6th, 2019

Week 3- February 13th, 2019

Week 4- February 20th, 2019

Week 5- February 27th, 2019

Week 6- March 6th, 2019

Week 7 – March 13th, 2019

Week 8- March 27th, 2019

Week 9- April 3rd, 2019

Week 10- April 10th, 2019

Week 11- April 17th, 2019

Week 12- April 24th, 2019

Week 13- May 1st, 2019 (Spring Banquet Dinner)



PLEASE COMPLETE ALL PAGES OF THE APPLICATION. By completing this application, it does not mean that you will automatically be involved this semester. Spots are limited for this club and Ms. Johnston reserves the right to select members based on answers and seniority. **Return by Thursday, January 17th, 2019.**

Name: _____ Grade: _____

In reference to your cooking experience, you would consider yourself... (Circle One)

Beginner

Somewhat Experienced

Highly Experienced

What does it mean to you to be a good team member?

Can you reserve your Tuesday Lunches for cooking club? Can you attend meetings after-school?

If not, explain why you will miss. Members must attend all meetings!

Match the following abbreviations (Column A) with the correct unit of measurement (Column B).

Column A

1. _____ tsp
2. _____ tbsp.
3. _____ pt
4. _____ g
5. _____ Oz
6. _____ C

Column B

- A. Ounce
- B. gram
- C. teaspoon
- D. cup
- E. tablespoon
- F. pint

What would you use a colander for?

- a) To stir your food
- b) To drain your food
- c) To cook food in

What things should you do before you start cooking?

- a) Tie your hair back
- b) Wash your hands
- c) Make sure all your equipment and counters are clean
- d) All of the above



MUST RETURN ALLERGY QUESTIONNAIRE AND PARENT RELEASE!

Allergy Questionnaire

Dear Participant,

As we begin “Cooking Club” and develop cooking skills while discovering new and healthful ingredients, we would like to take this opportunity to find out if you have any food allergies we should know about in order to maintain a safe environment for you. ***We can change the recipes for you if you have any food allergies!***

Thanks for your cooperation,
Kassandra Johnston

HealthCorps Coordinator

Please write or circle the correct answer:

1) I, _____, have one or more food allergies. **Yes** / **No**

If the answer is no, please go to the bottom of this page and sign and date the form.

If the answer is yes, please continue:

2) I am allergic to (please circle all that apply):

Peanuts or tree nuts — please specify type(s) of nuts: _____

Shellfish — please specify type:

Eggs

Milk

Wheat

Gluten

Other allergy — please specify the food(s) _____

Name (Please Print): _____

Signature: _____ Date: _____



Dear Guardians,

We are very pleased to announce that your student is being considered for participation in our school's Cooking Club, where students learn the culinary arts and about nutrition. The program begins on Thursday, January 17th, 2019. This school enrichment opportunity is a partnership with HealthCorps and Cooking Matter Productions.

If accepted, your child will receive culinary/nutrition instruction, and practice cooking. After the 6-week timeframe, they will be invited to become a leader and represent the school at various nutrition and cooking education events and workshops. In addition to basic cooking skills, your child will learn how to make healthy food choices and be exposed to new and healthful ingredients and recipes. You will notice that your teen may ask to get new, healthy foods from the grocery store, or to make and eat meals together more often. Many teens also improve their grades and attendance after becoming a member of Cooking Club. They will want to share their new knowledge and skills with you!

Please return sign the consent form on the following page and return to school with your child by Tuesday, January 17th, 2019. If you have any questions, please feel free to email me at: kassandra.johnston@healthcorps.org

Sincerely,

Kassandra Johnston

HealthCorps



Parent/Guardian Permission Sheet

Parent's Release:

Please indicate below your decisions regarding the various parts of this nutrition education and research project:

I give my permission for my child _____ to participate

(print name of student)

regarding the items checked "Yes" below:

Please circle 'yes' below where you are in agreement for your child to participate:

Yes / **No** use of professional culinary tools and equipment (peelers, _____ use of professional culinary tools and equipment (peelers, graters, use of professional culinary tools and equipment (peelers, graters, paring knives, etc. under supervision of safety certification trained instructors) by my child in the school cafeteria kitchen.

(Parent/Guardian printed name)

(Parent/Guardian signature) Date

Phone number where parent/guardian can be reached in the event of an emergency:

Home: _____ Cell: _____

Email:



PARENTAL PERMISSION MEDIA RELEASE FORM FOR THE 2018/2019 SCHOOL YEAR

Participant Name: _____

Participant Phone Number: _____

School: _____

Yes, I hereby consent to the use of Participant's name, image (in any reproduction or simulation thereof), likeness (including caricature), voice, quotes, and biographical data (collectively, "Personal Information") by HealthCorps and its affiliates (including sponsors and partners) (collectively, "Affiliates"), for any purpose HealthCorps deems necessary or desirable (including trade, advertising, or promotion), in any media now known or later developed ("Promotional Media"). With respect to any materials created by Participant during Participant's participation in the Event ("Participant Materials"), I also grant to HealthCorps and its Affiliates the right to use, edit, adapt, modify, reproduce, distribute, publicly perform and display any Participant Materials in any Promotional Media. I understand that HealthCorps and its Affiliates are not obligated to use any Participant Information or Participant Materials and that any use of Participant Information or Participant Materials is without financial remuneration. I hereby waive any right I have or may have to any financial remuneration (including royalties) for any use of Participant Information or Participant Materials. I, for myself, and for my spouse, heirs, dependents, and/or assigns, hereby release, hold harmless, and indemnify (collectively, "Released") HealthCorps and its directors, officers, employees, agents, volunteers, and Affiliates (collectively, "Released Parties"), from and against any and all claims, loss, damage, expense, or cost (including attorneys' fees), direct or indirect, arising out of or in connection with any use of Participant Information (collectively, "Released Claims"). I acknowledge that the Release discharges the Released Parties from any liability or claim against the Released Parties with respect to any Released Claim. I agree not to bring any action against any Released Party for any Released Claim.

No, I do not consent to the above.

I have read this release and understand and agree with all of its terms and conditions.

If Participant is under 18

Date

Name of Parent/Guardian of Participant

Signature of Parent/Guardian of Participant

Address of Parent/Guardian of Participant

Phone Number of Parent/Guardian of Participant

If Participant is 18 or over

Date

Name of Participant

Signature of Participant

Address of Participant

COMUNICADO DE PRENSA

Nombre del Participante: _____

Numero de Telefono del Participante: _____

Nombre de la Escuela: _____

- Si, por la presente doy consentimiento a (nombre del participante), a que se utilice su imagen (es en cualquier reproducción o simulación de los mismos), semejanza (incluida la caricatura), voz, cotizaciones y datos biográficos (colectivamente, "información personal") de HealthCorps y sus afiliados (incluyendo patrocinadores y socios) (colectivamente, "afiliados), para cualquier propósito de HealthCorps considere necesario o deseable (incluyendo comercio, publicidad o promoción) en cualquier medio ahora o posteriormente desarrollado (Medios promocionales"), durante o después del evento. Con respecto a cualquier material creado por el participante durante su participación en el evento ("Materiales de participante"), también doy HealthCopr y sus afiliados el derecho a utilizar, editar, adaptar, modificar, reproducir, distribuir, públicamente realizar y mostrar cualquier material participante en cualquier medio de comunicación promocional. Entiendo que HealthCorps y sus afiliados no están obligados a utilizar cualquier información de el participante o participantes materiales y que cualquier uso de información del participante o participante materiales es sin remuneración financiera. Por la presente renuncio a cualquier derecho que tenga o puede tener cualquier remuneración financiera (incluyendo a regalías) por el uso de información del participante or participante materiales. Para mí y para mí cónyuge, herederos, dependientes o cesionarios, por la presente liberar, eximir e indemnizar (colectivamente, "liberar"), HealthCopr y sus directores, oficiales, empleados, agentes, voluntarios y afiliados (colectivamente, "partes liberado"), de y contra cualquier y todas reclamaciones, perdió, daño, gasto o costo (incluyendp honorarios) directos o indirectos, derivados de o relación, con cualquiera que provea la información del participante (colectivamente "Lanzando reclamos"). Reconozco que la version descarga a las partes liberadas de cualquier responsabilidad o reclamación de las Partes exoneradas con respeto a cualquier reclamación de libertad. Estoy de acuerdo que no se lleve ninguna acción contra cualquier partido lanzado por cualquier reclamación de libertad.

- No, doy consentimiento a lo prescrito.

He leído esta versión y entiendo y estoy de acuerdo con los términos y condiciones.

Si el Participante es menor de 18 años

Fecha

Nombre de padre / tutor

Firma de padre / tutor

Dirección de padre / tutor

Número de teléfono de padre / tutor

Si el Participante es mayor de 18 años

Fecha

Nombre del Participante

Firma del Participante

Dirección del Participante