

# Healthy Recipe Contest

This year's theme: Parfaits!

Submit an original parfait recipe by choosing from the list of components in the box below.



Show off your creative cooking skills and win prizes to keep you cooking all year long!

## PRIZES:

**Individual student prizes:** Cookbook and a Chefs in the Classroom visit to make their healthy dish together with their class.

**School main prize:** New kitchen appliance (value may not exceed \$50 and must be used for wellness and/or culinary activities).

There will be 1 student winner in each age group for a total of 3 winners:

- K-4th grade
- 5-8th grade
- 9-12th grade

Contest entries are due by  
**Friday, November 13, 2026**

[Submission Link](#)



## Contest Rules

- **MUST** have all 5 components below:
  - Base (ex: dairy-free yogurt)
  - Crunch (ex: granola)
  - Fruit (ex: strawberries)
  - Drizzle (ex: honey)
  - Toppings (ex: shredded coconut)
- Can use multiple ingredients per component.
- Students in grades K-12 are eligible to participate individually.
- All recipes should have a title.
- All entries must include a photo of recipe.
- AtlantiCare Photo/Media Release Form is required upon contest submission.
- If selected as a winner the chef demo will be scheduled around the month of March in honor of National Nutrition Month.

Winners will be announced by  
**by Monday, November 23, 2026**



# AtlantiCare

I hereby grant permission to AtlantiCare, its employees and assigns and/or outside media to photograph, videotape or interview me and/or my dependent(s) on this date \_\_\_\_\_. The specific information AtlantiCare can release to traditional and new media and through other AtlantiCare communications channels includes:

Photos/Video

Story/Testimonial

Interview

Other, describe: \_\_\_\_\_

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I understand that the photographs, video or interview may be used and redisclosed as a press release and shared with media for possible publication or broadcast. I also understand that the photographs; video; audio and other recordings; and/or interview might be publicized or broadcast, or used in promotional and informational materials that include, but are not limited to, brochures, billboards, advertisements, the AtlantiCare Internet and Intranet sites, Facebook and any and all other social media and traditional media and publicity and marketing and communications venues. I understand that the information, photographs, audio, video, and/or interview might be edited and I agree that AtlantiCare, its employees and/or agents shall have the right to, at any time, add to, edit, arrange, rearrange and/or revise such information, photographs, video or interview. I understand that AtlantiCare maintains the right to reuse the information, photograph, video, or interview for future purposes without additional authorization or release.

I release AtlantiCare, its employees and agents from any and all claims and from all liability including, without limitation, claims for libel, invasion of privacy and/or misappropriation of likeness arising out of the interviewing, photographing or videotaping and subsequent publication or broadcasting of this material. I understand that I am not required to sign this authorization and that AtlantiCare will not condition treatment on my execution of this authorization. I understand that I have the right to revoke this authorization at any time prior to AtlantiCare's compliance with the request. The revocation must be in writing and is subject to terms described in AtlantiCare's Notice of Privacy Practices and other AtlantiCare policies.

I understand that the terms of this authorization are governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable state and federal regulations and that the information disclosed by this authorization may be redisclosed by the recipient and will no longer be protected by HIPAA. This authorization will expire 12-31-2120.

Name (please print): \_\_\_\_\_

Home town: \_\_\_\_\_

Please circle one:

|          |         |                |
|----------|---------|----------------|
| Employee | Patient | Other Customer |
|----------|---------|----------------|

Signature: \_\_\_\_\_

If Subject is a Minor: Name of Parent or Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Office Use Only Description: \_\_\_\_\_