

Child's Name: _____

Please list any allergies your child may have:

Food Allergies: _____

Medicine Allergies: _____

Other allergies: _____

Food that you do not want your child to eat: _____

Parent/Guardian Signature: _____

Child's Name: _____

Please list any allergies your child may have:

Food Allergies: _____

Medicine Allergies: _____

Other allergies: _____

Food that you do not want your child to eat: _____

Parent/Guardian Signature: _____

Child's Name: _____

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