

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

### ALLERGIES

Please write your child's name and any known allergies. If there are none, please write "None" in the space provided. We will list the food related allergies that affect the children in our classrooms at the top of our monthly calendars. No names will be listed. The purpose of listing the allergies on the calendar is to help the people providing snacks make their choices.

**Child's name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Treatment needed (i.e. epi pen and Benadryl):** \_\_\_\_\_

A "Medication Administration Form", available in the office, must be filled out and kept with meds.

**Any other food restrictions:** \_\_\_\_\_

### PERMISSION TO APPLY SUNSCREEN

We authorize staff members to apply sunscreen for outdoor excursions (beginning

date): \_\_\_\_\_ until (ending date): \_\_\_\_\_.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_