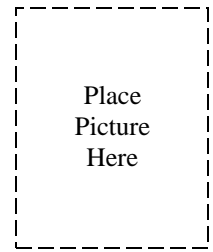


ALLERGY NOTICE



My child, _____, who is enrolled at Valley Preschool, has an allergy to:

Do not serve my child any foods or food products that contain or may contain the following food:

Symptoms of an allergic reaction may include:

Procedures to follow if an allergic reaction should occur:

If any medication is to be administered, please also complete the *Permission to Administer Medication* Form.

Physician's Signature _____ Date _____

I give Valley Preschool permission to display my child's food allergies and photo for teachers, volunteers, parents, and visitors to see.

Parent/Guardian Signature _____ Date _____