

Allergy Table Release

Child's Name: _____

Address: _____

Grade _____ Teacher _____ DOB _____

Allergy(ies): _____

Please check one and complete:

___ I _____, as parent/legal guardian, state that the above child **IS NOT REQUIRED** to sit at the designated table for students with food allergies during snack time. I understand and agree that Wee Kids ELC/Access Trading Corp. will be held harmless for any sickness or allergic reaction due to the exposure to foods or drinks that are served at a non- allergy free table during snack time.

___ I _____, as parent/legal guardian, state that the above child **IS REQUIRED** to sit at the designated table for students with food allergies during snack time.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____

We Won't Just Ask for Your Trust... We'll Earn It!