



2017 KITCHEN GARDEN PROGRAM - ALLERGY INFORMATION

PLEASE COMPLETE EVEN IF YOUR CHILD HAS NO KNOWN ALLERGIES. THIS FORM MUST BE COMPLETED AND RETURNED BEFORE YOUR CHILD IS ABLE TO PARTICIPATE IN THE PROGRAM. PLEASE RETURN TO THE OFFICE BY FRIDAY 9 DECEMBER.

Student's Name: _____

Please circle your child's class for 2017:

3C Chloe Hohneck	3K Kathryn Millett	3N Nathaniel Payne	3V Valerie Zedda
4C Caroline Heath	4R Ryan Bouy	4S Sarah Price	4T Theresa Lohman

ALLERGIES:

Does your child have any known allergies? Please Circle: YES NO

Foods: Please list _____

Other allergies: Please list _____

What special care is required to manage these allergies? _____

PERMISSION TO PUBLISH TO MEDIA:

Do you grant permission to publish photos to media? Please circle: YES NO

Please provide a medical certificate for all allergies (if not already provided).

Please provide the class teacher and school office, a medical certificate, if your child's details change during the year.

Parent/Guardian: _____ (please print name)

Signed: _____ Date: _____

Contact Phone number: _____