



2018 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 MONDAY 18 DECEMBER.

STUDENT NAME: _____ GRADE in 2018: _____

ALLERGIES:

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

Foods: Please list _____

Is the food a risk if ingested or contacted with, or both? _____

Other allergies: Please list _____

What are the symptoms of the allergy and 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: _____