

COMMUNITY PROGRAMS KIDS' STOP! AFTER SCHOOL PROGRAM

The number of students in our after school programs with food allergies and chronic medical conditions continues to grow from year to year. In order for us to safely care for your child, we ask that you please complete the information below and return to your site coordinator no later than **Monday, September 10, 2012**

CHILD'S NAME: _____

FOOD ALLERGY OR CHRONIC ILLNESS: _____

LIST OF SNACKS / FOODS YOUR CHILD IS ABLE TO EAT

1. _____
2. _____
3. _____
4. _____
5. _____

DOES YOUR CHILD REQUIRE AN EPI – PEN / INHALER? YES or NO

If you have answered yes to this question, you must provide us with a current prescription no later than **Wednesday, September 5, 2012**. Your child will not be allowed to attend the program until we have received a current prescription for either the epi-pen or inhaler. Please label all medication with child's name. Thank you for your assistance in helping us provide the best possible care for your child.

PARENT / GUARDIAN NAME (PRINT): _____

PARENT / GUARDIAN SIGNATURE: _____