

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## FOREVER YOUNG ALLERGY LIST FORM

My child is allergic to the following and may **NEVER** have them until this form is updated:

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Food I do not wish my child to have: \_\_\_\_\_

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My child may have the following foods in moderation: \_\_\_\_\_

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My child is **NOT ALLERGIC** to anything I am aware of.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_