

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:

Food I do not wish my child to have: _____

My child may have the following foods in moderation: _____

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: _____