

# ALLERGY NOTIFICATION

TEACHABLE MOMENTS CHILDREN'S CENTER

MY CHILD IS ALLERGIC TO THE FOLLOWING:

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MY CHILD \_\_\_\_\_(NAME) HAS NO  
ALLERGIES THAT I AM AWARE OF.

PARENT SIGNATURE: \_\_\_\_\_

PLEASE NOTIFY STAFF OF SEVERITY OF  
ALLERGIES FOR THEIR CHILD. THANK YOU!