

Big Sandy Area CAP Head Start

Permission to Post Food Restrictions and Chronic Health Conditions

Child's Name _____ Birth Date _____

Parent/Guardian Name _____

For children's safety, the _____ Head Start Program posts a list in each classroom of the children with food restrictions due to allergy, intolerance, medical, disability, and religious reasons. Chronic health conditions (i.e. asthma, bee sting allergy) are also posted.

Because my child is identified with a food restriction or chronic health condition, I give permission to post my child's full name and his/her food restriction or chronic health condition in order to inform teachers & assistants, teacher substitutes, classroom volunteers and other staff of the restriction or condition.

Parent/Guardian Signature

Date