



## EARLY CHILDHOOD PROGRAM Form 12. ALLERGY POSTING PERMISSION

While my child is enrolled in the Wellesley Community Children's Center's Early Childhood Program, I give permission to the WCCC staff to post information about my child's allergies on their emergency cards, on the kitchen allergy list and on classroom refrigerators.

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

Parent/Guardian Name: \_\_\_\_\_

**\*\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

7/25/2016