

To the Parent of _____,

Your child _____ has a _____ allergy.

At UGL, Birthday parties will have a *non*-food celebration *OR* the following foods *may* be served:



**GoGo Squeez
Applesauce**



**Skinny Pop
Original Popcorn**



**Lay's Classic
Potato Chips**

Please check, sign, and return this form to the Nurse to indicate your permission for your child to have any of these foods. This consent will remain in effect unless you notify Nurse Mary otherwise in writing.

YES. I allow my child to HAVE the food items listed above.

NO. My child may NOT have the food items listed above.

Child's Name

Parent Signature

Date

Thank you for your cooperation.
Nurse Mary Potosnak C.S.N