

## Thorncliffe Park Summer School Nutritious Snack Program Registration and Allergy Form

(PLEASE CHECK THE APPROPRIATE BOX, CLEARLY PRINT THE INFORMATION NEEDED AND SIGN/DATE THE BOTTOM OF THIS FORM.)

I \_\_\_\_\_ **agree to let** \_\_\_\_\_  
Parent/Guardian Name Student Name

in Grade \_\_\_\_\_ take part in the Summer School Nutritious Snack Program from July 5, 2016 to July 29, 2016.

I \_\_\_\_\_ **do not want** \_\_\_\_\_  
Parent/Guardian Name Student Name

in Grade \_\_\_\_\_ to take part in the Summer School Nutritious Snack Program from July 5, 2016 to July 29, 2016. He/she will bring his/her own snack to school.

### Food Allergy Alerts:

Please list any special health or dietary concerns for your child by answering the following questions.

1. Does your child have any dietary restrictions?

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2. Does your child have any allergies? Is your child allergic to any food, including nuts or milk/dairy products? List allergies your child has:

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**Please check this box if your child has a life-threatening allergy (anaphylaxis) and your child has an Epi-Pen. To keep your child safe, please note that the Epi-Pen must be with your child at all times.**

**PHONE NUMBER TO CALL FOR EMERGENCIES:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date