

This Page To Be Completed By A Parent, Guardian, or Authorized Representative

Child's Name:	Birthday:	Date:
<input type="checkbox"/> I DO give Grace Early Learning Center permission to post my child's allergy information in the room, so that all teachers <i>are aware at all times</i> .		
<input type="checkbox"/> I DO NOT give Grace Early Learning Center permission to post my child's allergy information <i>at any time</i> .		
Parent/Guardian/Authorized Representative's Signature:		Today's Date:

1648 Lexington Road, Georgetown, KY 40324 | www.graceearlylearningcenter.com | 502.427.4352

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