



Notification of Food Allergy / Sensitivity / Restriction

My child, _____,

has a ***food allergy / food sensitivity / food restriction***

(circle one)

and ***should NOT*** be offered the following foods:

_____.

I give permission for the Trinity College Community Child Center staff to post my child's photo and a notice of my child's food allergy / sensitivity / restriction in the classroom *where it will be visible to all staff, as well as parents of other children and any other individuals entering the classroom.*

Parent or guardian's name (printed)

Parent or guardian's signature

Date _____

Children are at the heart of our program