

ALLERGIES FORM

CHILD – First & Last Name: _____

List Allergies: _____

Are Allergies Severe? Yes No If yes, please explain: _____

Does your child require an EPI Pen? Yes No

Parent or Guardian Name – Firs & Last: _____

Please Print

All of the information above is true and complete. The below signature indicates the absolute truth of this document according to each detail of the above information. Activity Sitters reserves the right to prosecute those parties who unlawfully conduct business outside of Activity Sitters Legal guidelines.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____

Please Sign

ALLERGIES FORM

CHILD – First & Last Name: _____

List Allergies: _____

Are Allergies Severe? Yes No If yes, please explain: _____

Does your child require an EPI Pen? Yes No

Parent or Guardian Name – Firs & Last: _____

Please Print

All of the information above is true and complete. The below signature indicates the absolute truth of this document according to each detail of the above information. Activity Sitters reserves the right to prosecute those parties who unlawfully conduct business outside of Activity Sitters Legal guidelines.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____

Please Sign

ALLERGIES FORM

CHILD – First & Last Name: _____

List Allergies: _____

Are Allergies Severe? Yes No If yes, please explain: _____

Does your child require an EPI Pen? Yes No

Parent or Guardian Name – Firs & Last: _____

Please Print

All of the information above is true and complete. The below signature indicates the absolute truth of this document according to each detail of the above information. Activity Sitters reserves the right to prosecute those parties who unlawfully conduct business outside of Activity Sitters Legal guidelines.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____

Please Sign