

Where the heart, mind, and spirit grow together

Allergy and Special Health Considerations 2023-2024 Child's Name Child's Date of Birth Parent/Guardian's Name Parent/Guardian's Name Phone # Phone # My child has allergies or Special Health Considerations: YES NO If yes, please use below form for detailed explanation. My Child's Allergies or Health Considerations My Child's Health Considerations Parent Signature: Date: Teacher Signature Date: Head of School Signature Date: