



Swampscott

Extended Day

Before and Afterschool Program

2016-2017 FOOD ALLERGY FORM

Please fill out for each student enrolled and return with your registration and family medical forms.

Student's Name _____ Grade _____
School _____ DOB _____

Circle one of the following: Morning Program Afternoon Program Both

Please note If you student attends afternoons on a regular basis but not mornings please Circle both.

My student has no known food allergies.

My student has the following food allergies.

Allergy	Reaction
_____	_____
_____	_____
_____	_____

My student has other non-food allergies / health limitations (List below)

Does your student demonstrate any emotional/ behavioral challenges? If so explain below how we may be helpful.

Example: Has anxiety. Needs to have directions repeated. Runs off when upset.

My student _____ **has no known food allergies, and I give permission for my child to eat snack given by the staff at the Extended Day Program. I will alert the staff immediately if allergies develop.**

My student _____ **has food allergies and I will supply snack for my child to have while attending the Extended Day Program.**

Parent /Guardian Signature _____ Date _____

Printed Name _____

***Please note that Extended Day CAN NOT give any snack to students with allergies**