

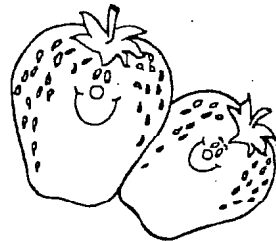
Please complete and return this form on or before the 1st day of school.

Help me to get to know your child by answering the following questions.

Child's name _____

1. Snack is a daily occurrence in Pre-K. If your child has any food or drink allergies, I need to know. Don't forget to inform me of lactose intolerance or a physical reaction to 100% juices.

_____ My child has food or drink allergies which I have listed below:



_____ My child has NO KNOWN food or drink allergies.

2. Recess is a daily occurrence in Pre-K. If your child is allergic to bees or has asthma, I need to know.

_____ Yes! My child is allergic to bees. (Indicate treatment for bee stings below)

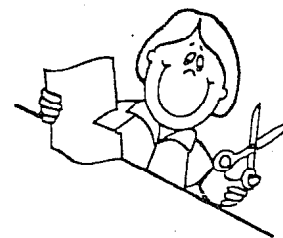


_____ Yes! My child has asthma. (Indicate treatment for asthma attack below)

_____ My child has NO KNOWN allergies to bees or asthma.

3. Please indicate what hand your child uses to:

write and color _____ cut _____



parent signature _____