

HASLET ELITE LEARNING CENTER
Allergy/Food Exemption Medical Statement

Child's Name _____ Date _____

Length of time for food exemption _____

Allergy: _____ Reaction: _____

Foods to avoid	Substitute foods
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent's Signature: _____ Date _____

Doctor's Signature: _____ Date _____

Z-21 Allergy
7/28/2020

Z-21
Office Copy

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AllergyForms.DOC
7/28/2020

Z-21
Class room copy