ALLERGY AWARENESS PERMISSION SLIP

I ______________________________ [parent or guardian name] give Oak Ridge elementary school permission to use __________________________ [child name] photo for the purpose of making Oak Ridge School staff aware of my child and his/her food allergies.

Child's Allergy: __________________________________________________________

Instructions to Parent/Guardian: Please include with this signed permission slip a small, approximate 2”x3” picture of your child. Please provide the photo and permission slip in an envelope labeled “ATTENTION: Allergy Awareness Committee.” Envelopes should be placed in the blue PTA mailbox in the school office.

________________________________________________________________________

Parent or Guardian Signature                      Date