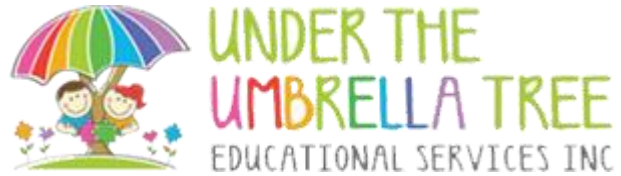


HEALTH HISTORY



Please attach a photocopy of your child's IMMUNIZATION RECORD

Please comment on child's overall health. If child is not up to date with immunizations, please explain: (If based on medical reasons, please provide written explanation by legally qualified medical practitioner.)

FOOD RESTRICTIONS AND ALLERGIES

Please indicate any food restrictions your child may have (i.e. gluten free, casein free, vegetarian, reduced sugar diet, etc).

Please indicate any allergies:

My child:

- Can ONLY have food that was sent from home
- Can have food that was NOT sent from home (i.e. special snacks, birthday cakes, party food etc. brought in by other parents)

Parent/Guardian Signature: _____ Date: _____