



# Executive Child Development Center

6006 Executive Boulevard, Rockville, Maryland 20852

301-496-9411 ☆ 301-480-4664 fax

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergic to: \_\_\_\_\_

Level of exposure required for a reaction: (i.e. ingestion, skin contact) \_\_\_\_\_

Expected reaction(s): \_\_\_\_\_

Treatment for reaction(s): \_\_\_\_\_

Physician's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Consent Form

Dear \_\_\_\_\_,

In an effort to maintain the most appropriate practices for your child, please allow ECDC to post your child's specific allergy, medical, and/or dietary information as specified below in our food preparation area and in your child's classroom.

Child's Name: \_\_\_\_\_

Allergy: \_\_\_\_\_

Medical issue: \_\_\_\_\_

Dietary Preference: \_\_\_\_\_

I give permission for ECDC to post my child's picture with the above listed information to be used as a visual reminder to those who interact with my child, \_\_\_\_\_, on a daily basis.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date