

PEANUT / BUTTER CONSENT FORM

Has your child ever had peanuts or peanut butter? YES NO

If peanuts or peanut butter are ever served at FCA, does your child have permission to eat it?
YES NO

Child's name: _____

Parent's signature: _____

BEE STING FORM

Has your child ever been stung by a bee? YES NO

Wasp? YES NO Honeybee? YES NO Bumblebee? YES NO

Yellow jacket? YES NO Other? YES NO

Allergic reaction? YES NO

Child's name: _____

Parent's name: _____

Date: _____

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