

TEDDY BEARS CHILDREN'S CENTER, INC.

September 4, 2004

Dear Parents,

In order to best serve your child's needs, please list below any and all allergies to which your child is susceptible. We will request such listing periodically to keep our files update and staff informed. ***Please return completed form to the office.***

Thank you,

The Office

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Child's Name: _____

Medicine Allergies: Yes () No ()

If yes, please specify:

Food Allergies: Yes () No ()

If yes, please specify:

Drink Allergies: Yes () No ()

If yes, please specify:

Other (Spider, Bee, Sunscreen, etc): Yes () No ()

If yes, please specify:

Parent Signature: _____

Date: _____