ALLERGY / HEALTH CONDITION
POSTING CONSENT FORM

Please fill out the information for all the children you are registering:

Last Name: _____

First Name: _____ Date of Birth: _____ Grade: _____
Child's Allergies: _____
Chronic Health Conditions: _____

First Name: _____ Date of Birth: _____ Grade: _____
Child's Allergies: _____
Chronic Health Conditions: _____

First Name: _____ Date of Birth: _____ Grade: _____
Child's Allergies: _____
Chronic Health Conditions: _____

First Name: _____ Date of Birth: _____ Grade: _____
Child's Allergies: _____
Chronic Health Conditions: _____

I give my permission to the staff of Al-Huda Academy North Raleigh to post my children's allergy information in the office, in the classrooms, and in any other areas deemed necessary to minimize food allergy related accidents. I give this permission as long as my children are attending Al-Huda Academy North Raleigh.

_____ _____

Parent/Guardian's Signature Date