

Dear Parents,

In order to insure the safety of all our children at Bright Start, please provide all food, medication and other related allergies affecting your child. Please indicate prescribed treatment in the unlikely event said food is ingested or medication given; i.e. epipen, benadryl, etc. If your child does not have any allergy-related issues, please write "none" in the space below.

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

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**Thank you for your cooperation in this matter.**

Sincerely,

The Bright Start Staff