



PEOPLEPLACE
COOPERATIVE PRESCHOOL

**2024 - 2025 POSTED ALLERGY LIST
PERMISSION SLIP**

I GIVE PERMISSION FOR MY CHILD'S NAME AND ALLERGIES TO BE POSTED IN THE KITCHEN, ON THE FIRST AID CUPBOARD, AND IN MY CHILD'S CLASSROOM. THIS INFORMATION IS BEING MADE AVAILABLE TO ALERT PEOPLEPLACE STAFF AND OTHER PARENTS OF MY CHILD'S ALLERGIES.

PARENT'S SIGNATURE: _____ DATE: _____

CHILD'S NAME: _____