

**NCCC Child Development Center
3111 Saunders Settlement Road
Sanborn, NY 14132**

Food Allergy Alert and Consent Sheet (FAAC Sheet)

It is the policy of the NCCC Child Development Center, to provide safeguards that protect the health and safety of all children.

I _____ (Parent/Guardian) am alerting you that my child (Child's Name)_____;

Does or Does Not have a food allergy.

My child should NOT be served _____.

Please see the Director for an Individual Care Plan BEFORE your child's planned first day of attendance.

If the allergy requires medication, my child should be given:

If medication is given, please secure a MAT form from the Director. It must be completed by the parent and the medical provider and returned to the Main Office before attendance can begin!!!

I have alerted the Center of my child's food allergy and give consent to post my child's name in appropriate areas as a visual reminder for safety regulations.

Parent's Signature _____ Date _____

The Director is required to sign this form if the parent indicates a food allergy.

Director's Signature: _____ Date: _____