



TRADITION.  
INNOVATION.  
EXCELLENCE.

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## ALLERGY FORM DISPLAY RELEASE

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I give permission for my child's "*Allergy Form*" to be displayed within Providence Heights Alpha School for the purpose of ensuring that all employees and volunteers/visitors of the school informed of my child's allergy and the appropriate course of action as indicated by his/her physician.

**Signatures of ALL parents/guardians required**

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Parent/Guardian's Signature

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Date

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Parent/Guardian's Signature

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Date