



Consent Form

Dear ECDC Parents,

In an effort to maintain the most appropriate practices for your child, please allow ECDC to post your child's specific allergy, medical, and/or dietary information as specified below in our food preparation area and in your child's classroom.

Child's Name: _____

Allergy: _____

Medical issue: _____

Dietary reference: _____

I give permission for ECDC to post my child's picture with the above listed information to be used as a visual reminder to those who interact with my child, _____, on a daily basis.

Parent/Guardian Signature

Date