NO KNOW ALLERGIES STATEMENT

I/We, _____ the parent(s)/legal guardian(s) of _____ hereby acknowledge that I/we are not aware of any allergies that my/our child may have at this time.

I/We further understand that I/We need to make the teacher and the administration aware as soon as possible should my/our child develop any allergies while enrolled as a student at First Baptist Church Children's Weekday Education (CWE).

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

Updated: November 2017