



**AFTER SCHOOL PROGRAM
ALLERGY AND CHRONIC HEALTH CARE CONDITION POSTING
PERMISSION**

While my child is enrolled in the Wellesley Community Children's Center's After School Program, I give permission to the WCCC staff to post information about my child's allergies and/or chronic health care condition on their emergency cards, on allergy lists and on classroom refrigerators/cabinets.

Child's Name: _____

Parent Name: _____

Parent/Guardian Signature: _____ Date: _____