



EARLY CHILDHOOD PROGRAM Form 12. CHRONIC HEALTH CONDITION POSTING FORM

While my child is enrolled in the Wellesley Community Children's Center's Early Childhood Program, I give permission to the WCCC staff to post information about my child's chronic health condition on their emergency cards, on the kitchen allergy list and on classroom refrigerators.

Child's Name: _____

Parent/Guardian Name: _____

****Parent/Guardian Signature: _____ Date: _____**