



Child's Name: _____

Parent's Name: _____

Taking my child's allergies into account, I give him/her permission to touch and use the following items at school:

___ Playdough (may contain wheat, corn)

___ Pasta (may contain wheat, eggs)

___ Beans /Legumes

___ Rice/Other Grains

___ Tempera Paint (may contain eggs)

___ Fingerpaint (may contain milk)

___ Crayons (may contain soy)

___ Shaving Cream (may contain milk)

___ Goop/Slime (may contain corn)

___ Paper Mache (may contain wheat)

___ Liquid Soaps (may contain wheat, dairy, soy)

If there are any other concerns or issues that we should be aware of that my child should not come into contact with, I agree to let you know.

Signature

Date