



Executive Child Development Center

6006 Executive Boulevard, Rockville, Maryland 20852

301-496-9411 ☆ 301-480-4664 fax

Child's Name _____ Date of Birth ____/____/____

Allergic to: _____

Level of exposure required for a reaction: (i.e. ingestion, skin contact) _____

Expected reaction(s): _____

Treatment for reaction(s): _____

Physician's Name _____ Signature _____ Date ____/____/____

Parent's Name _____ Signature _____ Date ____/____/____



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Consent Form

Dear _____,

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 Preference: _____

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