Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent,

As part of our commitment to provide a safe and loving environment for your children to learn about God and his love through biblical teaching, we have been working on updating our safety policies. A portion of our safety policy here at UPVPC is making sure we are aware of any allergies that your children may have so we can work to prevent allergic reactions, or if not prevented, be able to respond to them quickly. Please fill out the information below whether your child has an allergy or not. Please fill out a form for each of your children. This information will be kept on file so we have a record to share with those leading events and activities. Thank you!

|  |  |
| --- | --- |
| Child’s Name & Age |  |
| Emergency Contact # |  |
| Allergies(If no allergies, please indicate N/A) |  |
| Does your child carry and epi-pen? |  |
| Medications allowed |  |
| Medications you do not wish your child to receive. |  |

Sincerely,

The UPVPC Staff in coordination with the UPVPC Safety Team

Parent Authorization: I authorize the Upper Path Valley Presbyterian Church staff or volunteers to administer prescribed medications, seek emergency medical treatment, and /or administer over-the-counter medications in accordance with UPVPC policy.

Date: Parent/Guardian: ,