



## Consent Form

Dear DCDC Parent,

In an effort to maintain the most appropriate practices for your child, please allow DCDC 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 DCDC 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