

**NCCC Child Development Center  
3111 Saunders Settlement Road  
Sanborn, NY 14132**

**Food Allergy Alert and Consent Sheet (FAAC Sheet)**

It is the policy of the NCCC Child Development Center, to provide safeguards that protect the health and safety of all children.

I \_\_\_\_\_ (Parent/Guardian) am alerting you that my child (Child's Name)\_\_\_\_\_;

Does  or Does Not  have a food allergy.

My child should NOT be served \_\_\_\_\_.

*Please see the Director for an Individual Care Plan BEFORE your child's planned first day of attendance.*

If the allergy requires medication, my child should be given:

\_\_\_\_\_  
*If medication is given, please secure a MAT form from the Director. It must be completed by the parent and the medical provider and returned to the Main Office before attendance can begin!!!*

I have alerted the Center of my child's food allergy and give consent to post my child's name in appropriate areas as a visual reminder for safety regulations.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Director is required to sign this form if the parent indicates a food allergy.*

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_