



Allergies/Medical Conditions Form

In order for this child to attend classes held by BEYOND NUTRITION, LLC, this waiver must be signed by a legal parent or guardian at the time of registration, or at any time during the session that a serious condition is determined, acknowledging that their child's food allergies and or health issues are their responsibility, and not that of BEYOND NUTRITION, their staff, volunteers or educators.

Child's name _____ Parent's name _____ Phone _____

Allergies/medical conditions:

If your child has a food allergy, please list ALL possible foods that we need to avoid while your child is in class with us:

Will your child's allergy require us to have an epipen? Y N

Emergency Contacts: Complete as many lines as you feel are necessary. We will call in the order listed. Name, Relation to child, Phone # (home, work, Cell)

1. _____
2. _____
3. _____
4. _____
5. _____

I have indicated on the above allergy/medical form, whether my child has a serious allergy or medical condition. I acknowledge that the health and welfare of my child is my responsibility. BEYOND NUTRITION, LLC will avoid any ingredients during class that could possibly trigger an allergic reaction. BEYOND NUTRITION, LLC staff and instructors are not responsible for any adverse reactions that may occur while attending classes.

Name of child: _____

Signature of Mother/Father/Legal Guardian: _____

Date: _____