



465 Silas Deane Highway 2nd Flr
Wethersfield, CT 06109
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Child's Name : _____ D.O.B.: _____

Parent's Name _____

1. **ALLERGY NOTIFICATION:**

_____ My child **does not have** any food or medication allergies.

_____ My child **DOES HAVE** food or medication allergies

Please list your child's allergy and explain the symptoms if he/she were to be exposed:

Does your child carry any medication? If yes, please explain what it is and where it will be located:

****PLEASE NOTE THAT DURING CAMP, FAMILIES WILL PROVIDE THEIR CHILDREN WITH LUNCH AND ATS WILL PROVIDE A SMALL SNACK. PLEASE INDICATE IF YOUR CHILDS HAS ALLERGIES THAT REQUIRE PRECAUTIONS DURING LUNCH AND SNACK TIME****

Parent or Guardian Signature _____ Date: _____