

**Declination to Post Allergy Care Plan**

The presence of allergies has been documented for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. At this time, I do not wish for his/her allergies or care plan to be visibly posted. If my preference changes, I will notify the director.

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Guardian’s Name Date