



## SUMMER PROGRAM PARTICIPANTS – ALLERGY FORM

*Return form to Site Director at Todd Martin Youth Leadership*

Signed up in the following Sessions (check all that apply):    \_\_\_ Session 1        \_\_\_ Session 2

Child's Name: \_\_\_\_\_

Emergency Contact (Name and phone number): \_\_\_\_\_

**Please let us know if your child has any allergies or dietary restrictions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Severity of allergy (only when consumed, on contact, etc.): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions: Please contact Rebecca Johnson at 517-881-5189 or [rebecca.johnson@tmyl.org](mailto:rebecca.johnson@tmyl.org) OR Sheila Tansey Johnson at 517-749-3004 or [sheila.tanseyjohnson@tmyl.org](mailto:sheila.tanseyjohnson@tmyl.org).