



ALLERGY FORM

Complete form ONLY if your child has a food allergy or other severe allergy/health concern that staff should be aware. Return form to Todd Martin Youth Leadership staff

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 OR the Site Director at your child's site:

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