

Beehive Learning Academy, Inc.

Special Consent for Allergy Disclosure



As the legal guardian/parent of _____, I have willingly disclosed the following allergies to Beehive Learning Academy, Inc. as stated in the Child Health Assessment Form, that my child is allergic to:

_____ as pertaining to the child as named above; I hereby release Beehive Learning Academy, Inc from any repercussions, and agree to hold them harmless regarding the release of this information. I understand that this information will be openly and publicly posted in the facility for the benefit of my child. By my signature below I give my consent to make my child's allergy information readily and publicly available so that it may posted in the facility. This consent can only be terminated in writing to Beehive Learning Academy, Inc. via certified mail to 446 South Mall Drive, **Suite B-9**, Saint George, Utah 84790.

Print Parent/Guardian's Full Name _____

Signature _____ Date _____