



405 Hwy 54 W, Black River Falls, WI 54615  
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## Nut and Food Allergy Waiver

Please be aware that at the Lunda Community Center Child Watch we use food in some of our programs, both as snacks and as craft supplies.

The form below must be filled out before your children can participate in an activity involving food, even if they have no known allergens or will not be eating as part of the program.

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I hereby acknowledge that I am aware that the Lunda Community Center Child Watch cannot guarantee a completely allergen free atmosphere in this program and have chosen to allow my child(ren) to participate fully or partially despite this.

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

Guardian's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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