| Food allergy consent form   |                        |  |   |                    |
|---|------------------------|--|---|--------------------|
| If your child has food allergies, please p  | provide detailed int   | formation below.                               |   |                    |
| Causative food and contact method<br>(e.g. Eating raw eggs causes allergies.)   |                        |  |   |                    |
| Symptoms and countermeasures<br>(e.g. Visit a clinic because you are<br>experiencing hives)   |                        |  |   |                    |
| Notification when symptoms appear   | Contact parents imm    | nediately $\cdot$ Wait and see $\cdot$ Call yo | our family doctor (ask for instructions) $\cdot$ Treatr | nent at our clinic |
| History of anaphylactic shock   |                        | Yes  | No  |                    |
| Please check the following regarding food allergies for children at Familia Kids.  · Please make sure that allergens are completely removed from the food you bring in. (Please note that our preschool cannot be held responsible for any allergic symptoms caused by the food you bring.)  · When eating meals and snacks, separate tables from other children and maintain a distance of 30 cm.  · Wash children's hands and mouth after meals and snacks. Staff wash their hands. In addition, the tables, chairs, and floors used are disinfected with alcohol to keep them clean.  · We do not administer medication or apply medicine at our preschool.If necessary due to the appearance of allergies, consultation and treatment may be initiated at the clinic attached to preschool (Tokyo Business Clinic).  · Please be sure to contact us immediately on the day of your visit.  Family doctor's name : TEL : |                        |  |   |                    |
|   |                        |  | Date :  |                    |
| After confirming the above, please sig  | n your name.           | Children's name <sup>:</sup>                   |   |                    |
|   |                        | Guardian's name :                              |   |                    |
|   | Emergency<br>Emergency |  | (Relationship ∹<br>(Relationship ∹                      | )                  |
| [Familia Kids Perie Chiba]<br>6F of Perie Chiba, 1-1-1 Shin chiba, (<br>(Familia Kids is inside the Tokyo Busi<br>TEL : 043-306-8676  |                        |  | • <del>C</del> -FAN                                     | ЛILIA              |
| [Familia Kids Yaesu North Exit]<br>B1F of TEKKO Building, 1-8-2 Marun<br>TEL : 03-6665-9720   | ouchi, Chiyoda-ku      | , Tokyo 〒100-0005                              |   |                    |