



Abi's Place mission is to nourish and rehabilitate children with Autism and complex disabilities, enhance their lives within society and cultivate independence.

**ABI'S PLACE FOOD ALLERGY WAIVER**

On occasion we use snacks as part of your child's therapy session. Please sign below if you consent to your child receiving and consuming snacks during their therapy session.

My child \_\_\_\_\_ HAS MY PERMISSION to receive snacks from Abi's Place during treatment sessions.  
Student Name

\_\_\_\_\_  
**Signature of Parent/Guardian**

My child \_\_\_\_\_ DOES NOT HAVE MY PERMISSION to receive snacks from Abi's Place during treatment sessions.  
Student Name

\_\_\_\_\_  
**Signature of Parent/Guardian**

We are committed to providing a safe atmosphere for our Students so please list all of your child's known food allergies below.

My child \_\_\_\_\_ has NO known food allergies.  
Student Name

\_\_\_\_\_  
**Signature of Parent/Guardian**

My child \_\_\_\_\_ has the following known food allergies or restrictions:  
Student Name

Please list specific foods such as gold fish, candy, gluten free...etc., that you DON'T want your child to consume based on allergies or diet restrictions.


\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Abi's Place Staff**

\_\_\_\_\_  
**Date**