



DECLARATION

I, _____ Guardian
of _____, Group _____, inform that my
son/daughter is allergic/non allergic to following
foods: _____,
and medicines: _____.

I DECLARE MORE:

Authorize	<input type="checkbox"/>
Not Authorize	<input type="checkbox"/>

(tick your choice)

The administration of antipyretic (for fever) while waiting to be picked up at the Kindergarten

Macau, ___ of _____ of 2016.

Signature of Guardian