Cat & Mouth will not accept the enrollment of any child suffering from allergy or food intolerance without completing the following form. Cat & Mouth is not liable for any harm caused to a child as a reaction resulting from a food allergy not mentioned below.

First Name………………………… Father’s Name……………… Last Name………………

Mother’s Name: ………………… Age: …………………………… Grade: …………………

Phone 1: ………………………… Phone 2: …………………

Name of the student’s physician…………………………………………

Phone Number …………………

- Is the student suffering from a chronic medical condition? If yes please specify

- Is the student allergic to any food product? If yes please specify

In case of emergency, please refer to Mr./Mrs.:…………………………………………

relationship to the student ……………………….., contact number…………………………

Date: ……………………………… Physician Stamp: …………………