

**CONSENT TO ALLOW ANOTHER ADULT
TO CREATE SELECTIVOR ALLERGY PROFILE**

I consent to have _____ create an account on Selectivor for my child named _____ because I am unable or unwilling. This profile will contain my child's food allergy information for the purposes of sharing with other parents in the classroom.

My child's food allergy status is best described below (please select one):

- My child does not have any foods to which they are allergic.
- My child has food allergies. I wish the following entered on their behalf:

"I am allergic to: _____

_____"

and any related foods that may be suggested.

I wish my child's food allergy information to be shared on Selectivor with the following privacy features (please select one):

- I prefer standard visibility settings (my child's name and food allergy information are shared and visible to others).
- I prefer hidden visibility settings (my child's food allergy information is shared and visible to others but my child's identity is hidden from others).
- I prefer my child's account to be created under a pseudonym (fake name).

I willingly participate in this good-faith effort to keep every child in class safe from food allergy. This team collaboration involves parents, teachers, schools and Selectivor. I will not hold any of these parties liable for any adverse outcomes resulting from this effort.

Parent signature

Date: ___/___/___