Food Allergy/Intolerance Statement

Name of Child _____Birth Date_____

Name of Parent/Guardian _____Phone _____
Day/Evening

(Please print)

List each food separately	Check the medical condition	List appropriate substitute food(s)
	Food Intolerance ❑Yes ❑No Food Allergy ❑*Yes ❑No	
	Food Intolerance ❑Yes ❑No Food Allergy ❑*Yes ❑No	
	Food Intolerance ❑Yes ❑No Food Allergy ❑*Yes ❑No	
	Food Intolerance ❑Yes ❑No Food Allergy ❑*Yes ❑No	
	Food Intolerance ❑Yes ❑No Food Allergy ❑*Yes ❑No	

**** For A Food Allergy, Complete Child Care Emergency Plan for Food Allergic Response***

Health Care Practitioner_____

Signature of Practitioner _____Date_____

Mailing Address (Print or type) _____Phone _____

_____

_____

Please return to the child care program at the address listed below:_____

_____

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