



Food Allergy/Food Intolerance Status Form

Child's Name: _____ DOB: _____

Food Allergy: _____

(Please be specific)

Emergency Medication Required: Epi/Aviq-Q ☐ Yes ☐ No

Antihistamines ☐ Yes ☐ No

Food Intolerances : _____

(Please be specific)

Other Allergies: _____

Asthma: ☐ Yes ☐ No ☐ Mild ☐ Severe ☐ Inhaler ☐ Asthma Care Plan

In order for the daycare center/nursery school staff to care for your child and maintain a healthy environment, please fill out the statements below.

Snack and Lunch Status

My child needs to eat at an allergy free table ☐ Yes ☐ No

Has food allergies/intolerances, but only on ingestion ☐ Yes ☐ No

Throughout the year there may be occasions when animals are brought in for the children to see or they may go on an outing to an area where there are animals. Some children may have allergies to the fur or dander.

My child can touch the animals without restrictions ☐ Yes ☐ No

My child can be around the animals but with restrictions ☐ Yes ☐ No

If yes, please specify restrictions: _____

My child has other restrictions or health concerns: _____

Snack Status

My child has food allergies/intolerances and I will provide all of my child's snacks ☐ Yes ☐ No

My child may have the snacks provided by Strong Start ☐ Yes ☐ No. If yes, please complete the snack food check list.

For the safety of my child, this form may be posted in the classroom.

Parent's Signature

Date

Health Care Provider's Signature

Date