

## Allergy and Dietary Preference Alert Form

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Does your child have a dietary preference? (vegetarian, no beef or pork, etc)     yes                       no

If you have checked "yes", please complete the following chart:

Foods that are NOT to be served in any quantity	Foods that CAN be served in any quantity

Does your child have any known allergies to food?     yes                       no

If you have checked "yes", please complete the following chart:

Foods that CAN be served in small amounts	Foods that are NOT to be served in any quantity	Familiar foods that might contain the basic food NOT to be served

Is the child allergic to any medications?     yes                       no

Please identify medications: \_\_\_\_\_

What reactions does your child exhibit when these foods are eaten and/or medications are taken?

\_\_\_\_\_

Actions to take in an emergency situation related to food/medication allergy or intolerance?

\_\_\_\_\_

*(If medication is listed as 'action to take', parent must provide medication and paperwork with doctor's signature.)*

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

<i>For office use only</i>	Child's current classroom assignment: _____ Date information provided to teachers: _____ Administrator initials: _____
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