## Allergy and Dietary Restriction Alert Form

Child's Name: $\qquad$ Child's Age: $\qquad$
Does your child have a dietary preference? (vegetarian, no beef or pork, etc...)
$\square$ yes
$\square$ no
If you have checked "yes", please complete the following chart:

| Foods that are NOT to be <br> served in any quantity | Foods that CAN be served in <br> any quantity |
| :---: | :---: |
|  |  |

Does your child have any known allergies or sensitivities to food? $\square$ yes
If you have checked "yes", please complete the following chart:

| Foods that CAN be served in <br> small amounts | Foods that are NOT to be <br> served in any quantity | Familiar foods that might <br> contain the basic food <br> NOT to be served |
| :---: | :---: | :---: |
|  |  |  |

Is the child allergic to any medications?
Please identify medications: $\qquad$

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 $\quad$ Date

| For office <br> use only | Child's current classroom assignment: <br> Date information provided to teachers: <br> Administrator initials: |
| :---: | :--- |

