

Child Allergies and Special Dietary Needs

Please check the correct box and sign the bottom of the page.

No Allergies or Special Dietary Needs

My child _____ does not have any known allergies or special dietary needs. I understand that it is my responsibility to notify an administrator if any allergies develop or are discovered at a later time.

Allergies:

If your child has any food allergies, we will provide you with additional paperwork on your child that includes an Allergy Care Plan that needs to be completed by a doctor. These papers are required and your child will not be able to attend until they are submitted.

My child _____ is allergic to the following foods or products:

If my child has an allergic reaction, the staff are instructed to do the following:

Special Dietary Needs (non-allergy based):

My child _____ does not eat the following foods, and we request that they are not served to my child:

Parent/Legal Guardian Signature

Date: