

FOOD ALLERGY NOTIFICATION FORM

Child's Name: _____ Date: _____

Because your child is participating in a food related program, it is important to be fully informed about any potential food allergies that he or she may have. Please list any food your child is allergic to, as well as the nature of your child's allergic reaction to the food and the severity of the reaction. Please place an asterisk next to any foods that would cause a life threatening reaction in your child and list these foods first.

Food	Reaction Occurs By:	Nature Of The Allergic Reaction:	Mild	Moderate (CHECK ONE PL	Severe

Comments:

Parent/Guardian Name: _____

In Case Of Emergency (Phone):

Home: _____ Cell: _____

I understand that while my child is in the classroom of _____, they will make every effort to avoid foods that produce any allergic reaction. I will be responsible for providing a safe food substitute for mild food allergies or allergies that are triggered by ingestion only.

Parent/Guardian

Signature Date