**FOOD/ BEVERAGE/ FORMULA ALLERGY AND MEAL RESTRICTION FORM**

 Child’s Name:       D.O.B.:       Start Date:

 Center:       Classroom:

|  |
| --- |
| **Medically Documented Allergy/Intolerance – Food / Beverage (other than milk)** |
| **Non-Allowable Food/Beverage:**       Type of Reaction:      If the child**/**infant has a food intolerance, can they have the food item in a baked item? Yes [ ]  No [ ] Allowable Food/Drink:      ,      ,      ,      Any Food Restriction needed due to Allergy or Medical reason while at Promise Early Education Center will be accommodated only with a signed statement from a licensed physician or other medical authority. |
| **Intolerance – Dairy Milk or Formula** |
| Restriction:       Exception:       Reaction:      What doctor prescribed formula is infant approved to have?      If the child has dairy milk intolerance, can they have in baked items? Yes [ ]  No [ ]  |
| **Instructions** |
| If a child requires an alternate food/drink, Promise Early Education Center requiresa doctor’s note.Please complete appropriate spaces as an:Allergy/Intolerance--Religious/Cultural--Temporary Restriction.**Substitutions for non-medical reasons (i.e. religious, vegetarian, etc.) will be approved on a case-by-case basis by the Nutrition Manager and Food Service Supervisor.** |
| **Religious / Cultural** | **Temporary Food Restriction** |
| Food Restrictions:      Reaction:      This form is not needed for pork, we are a pork free Agency | Food/Formula Restriction:      Reaction:      A doctor’s note is required |

|  |
| --- |
| **Doctor’s note requested?** Yes [ ]  N/A [ ]  No [ ]  Religious/Cultural only Date:      **Doctor’s note on file?** Yes [ ]  No [ ]  No [ ]  Religious/Cultural only Date:       **Emailed to all necessary departments, listed below?** Yes [ ] Staff Name:       Forwarded Date:      **Email This Sheet To The Following:**1. CACFP Coordinator
2. Health/Nutrition Manager
3. Kitchen Supervisor
* In Child’s file with Site Supervisor’s Initials and Date:

**Add Child to your Food Allergy List Form in the Yellow Folder on your Emergency Board** |