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

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

Center:       Classroom:

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| **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 |

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| **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** |