

Child's name: _____

Please list all food intolerances your child has.

Intolerance (example - chocolate):

Side Effects (example – causes migraines):

Please list any food preferences (religious and other):

The minimum standards for child care centers requires that all food allergies be diagnosed by a pediatrician. In addition, children must have an Emergency Action Plan signed by their physician on file for each food allergy. Food preferences and intolerances will not be listed as an allergy. However, we will continue to do our best to comply with any concerns or preferences you may have for your child's diet.

Print Parent Name: _____

Parent Signature: _____ Date: _____