

Food Allergies, Food Intolerance and Special Diets

Classroom or Program _____

Food Allergies*:

Child/Classroom	Allergy	Food Substitute	Medication	Grab & Go Bag or where?
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	

* Please see individual allergy plans for more information (including emergency care).

Food Intolerance and Special Diets :

Child	Does not eat this food:	Substitute this food with: