

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Contact Number: _____

Physicians Name: _____ Contact Number: _____

Because we are a state licensed childcare center there are regulations we are obligated to follow. One of the requirements is to have an Allergy Care Plan prepared for Kiddie Prep School by the child's physician or health professional and the parents.

List Food (s) to which the child is allergic:

Is your child's food allergy life-threatening? Yes No

How many times has your child had a reaction? Never Once More than once

Explain: _____

Date of the last reaction: _____

What type of contact makes your child react to the allergen? Eating Touching Air-borne Drinking

Cooked-in food Cooked in the same vicinity Other, explain _____

List symptoms that would indicate the need to administer one or more medications, notify parents, and/or alert medical authorities.

Describe the plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event of a reaction.

Signature of Physician _____ Date: _____

Signature of Parent _____ Date: _____

SPECIAL DIET PLAN

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Contact Number: _____

Physicians Name: _____ Contact Number: _____

Due to the nature of some dietary restrictions, it is necessary for us to work with the parents for them to supply all or a portion of their child's food. We are obligated to ensure the child is getting a nutritious food plan. Diets furnished by parents shall meet dietary requirements and a physician's or registered dietitian's statement is required.

I will provide ALL of my child's food

I will provide a portion of my child's food. I will also provide a weekly menu stating what I am substituting and what foods my child can have.

I have discussed with the parents how they can meet their child's nutritional needs.

Signature of Parent _____ Date _____

Signature of Physician or Dietitian _____ Date _____