ALLERGIES – INTOLERANCES - SPECIAL DIETS

WCMCA Head Start

Instructions to complete form :
1. Save this document as a separate file to your device/computer.
2. Include the child's first and last name, accommodation type, food/item of concern, and food substitute (if applicable.)
3. Post sheet confidentially under the *Cover Sheet for Food Allergies* form (lime green), but located prominently in the classroom and/or where meals and snacks are served, so it may be reviewed by staff and volunteers.
4. Child photos are added by "clicking " on the photo icon and uploading the child's picture from a saved file on your device.

Name _____

☐ Allergy ☐ Intolerance ☐ Religious Preference

Food/Item of Concern: _____

Food Substitute: _____

Name _____

☐ Allergy ☐ Intolerance ☐ Religious Preference

Food/Item of Concern: _____

Food Substitute: _____

Name _____

☐ Allergy ☐ Intolerance ☐ Religious Preference

Food/Item of Concern: _____

Food Substitute: _____