

Food Substitute:

ALLERGIES – INTOLERANCES - SPECIAL DIETS

WCMCA Head Start



Instructions to complete form :

1. Save this document as a separate file to your device/computer.

Include the child's first and last name, accommodation type, food/item of concern, and food substitute (if applicable.)
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.
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:			