

# Food Allergy/Restrictive Diet Form

If your child has food-related allergies, it is required that the family discusses the allergies with our cook *and* your child's classroom teacher prior to their first day of enrollment.

If the food allergy is not life threatening, the parent may substitute a like item for the allergy food. The family must also provide substitutions for religious or cultural reasons. You must substitute foods from a like category such as a protein for a protein item, a grain product for a grain product and so on. All foods and beverages brought from home must be labeled with the child's first and last name and date.

As required by the USDA Food Program, if the allergy is life threatening, Learning Ladder will substitute similar menu items for substantiated life threatening food allergies only if a Child Health Report, signed by a physician that clearly defines and details the child's restrictions is on file. It is your responsibility to keep the teacher and cook up to date with any changes by filling out a new restrictive diet form or inform us in writing if your child is no longer allergic to a food.

**A child with a life threatening food allergy is required to have an Epi-pen and Benadryl in the center at all times with a current medication authorization form signed by the parent and physician. It is the parent's responsibility to monitor the expiration date of their child's Epi-pen and replace as needed.**

I have read and understand the information stated above. I will provide any and all substitute foods when necessary and will update this form as needed or notify Learning Ladder in writing if my child no longer requires a restrictive diet. All information provided by me on the back side will be considered true and accurate to the best of my knowledge.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please fill out back side of form**

Please complete this form with as much detail as possible.

<b>Child's Name</b>	<b>Classroom</b>
<b>What specific food(s) is your child allergic to?</b>	
<b>Is this food life threatening?</b>	
<b>What food will you be bringing in to supplement? Example: Soymilk</b>	
<b>Are you planning to introduce any new foods? Please explain in detail</b>	
<b>Would you like to meet with the cook on a regular basis to read labels or discuss menus?</b>	
<b>What are the signs of an allergic reaction?</b>	
<b>What do you want us to do if we see signs of a reaction? (we must have a Medicine Authorization form on file to administer any medications)</b>	
<b>Parent's Name</b>	<b>Date</b>
<b>Parent's Signature</b>	