**FOOD ALLERGY AND MEAL RESTRICTION FORM**

Child’s Name:       D.O.B.:       Start Date:

Center:       Classroom:

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| **Medically Documented Allergy/Intolerance - Food/Beverage (other than milk)** | |
| **Food/Beverage:**       Type of Reaction  If the child has food intolerance, can they have the food item in a baked item? Yes  No  Any Food Restriction needed due to Allergies or Medical reasons while at AHSCC will be accommodated only with a signed statement from a licensed physician or other medical authority. |  |

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| **Intolerance – Milk** |  |
| Restriction:       Exception:       Reaction:  If the child has milk intolerance, can they have cooked milk and dairy products? Yes  No |  |

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| **Instructions** |
| If a child requires an alternate food/drink, AHSCC **requires** a doctor’s note.  Please complete appropriate spaces:Allergy/Intolerance-Religious/Cultural-Temporary Restriction.  **Substitutions for non-medical reasons (i.e. religious, vegetarian, etc.) will be approved on a case-by-case basis by the Nutrition Manager and Food Service Supervisor.** |

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| **Religious/Cultural** | **Temporary Food Restriction** | |
| Food Restrictions:  Reaction:  This form is not needed for pork, we are a pork free Agency | Food Restrictions:  Reaction:  A doctor’s note is required |  |

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| **Doctor’s note requested?** Yes  Date:       No  Religious/Cultural only    **Doctor’s note on file?** Yes  Date:       No  Religious/Cultural only    **Sent to all necessary departments?** Yes  Date    Forwarded Date:       Staff Name       Date  **Email This Sheet To The Following:**   1. CACFP Coordinator/Food Service Supervisor, Michelle Davis (**mdavis@androkids.com**) 2. Program Manager (Health/Nutrition), Angela Wight (**awight@androkids.com**) 3. Food Service Specialist--Diane Babine ([**dbabine@androkids.com**](mailto:dbabine@androkids.com))  * Food Service Specialist – Lori-Ann Milbert-*for Hillview children only* (**lmilbort@androkids.com**) * In Child’s file with Site Supervisor’s Initials and Date |  |  |  |