**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**)
* Food Service Specialist – Lori-Ann Milbert-*for Hillview children only* (**lmilbort@androkids.com**)
* In Child’s file with Site Supervisor’s Initials and Date
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