

Health Care Provider's Report of Food Allergies

Name of Child/

Today's Date

This child is enrolled in our child care program. We have been advised that he/she is allergic or intolerant to the following foods:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

As a licensed child care program we are required to meet state licensing standards. Please help us to comply and meet the health needs of your patient by completing the Food Allergy/Intolerance Statement form and if necessary the Child Care Emergency Plan for Food Allergic Reactions. We need to know the foods the child is allergic or intolerant to, the child's reaction to the food, the steps to take to treat an allergic reaction, and appropriate substitute foods to assure that the child's nutrition is not compromised.

Thank you for your help in this important health matter.

Sincerely,

Child Care Representative

Hilltop Children's Center, 2400 – 8th Ave. W, Seattle, WA 98119

Child Care Center Address

By signing below, I indicate my approval to release the information requested above to my child's licensed child care program.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please print)

Parent/Guardian Address

Hilltop Children's Center Food Allergy & Intolerance Statement

Name of Child _____

Birthdate _____

Name of Parent/Guardian _____

Phone _____
Day/Evening

(Please print, see example for how to complete)

List each food separately	Check the medical condition	Brief description of how the child reacts to the food	List appropriate substitute food(s)
EXAMPLE: cow's milk, liquid	Food Intolerance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	eczema, diarrhea Severe reaction <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No	soy milk rice milk
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	Severe reaction <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	Severe reaction <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	Severe reaction <input type="checkbox"/> *Yes <input type="checkbox"/> No	
	Food Intolerance <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy <input type="checkbox"/> *Yes <input type="checkbox"/> No	Severe reaction <input type="checkbox"/> *Yes <input type="checkbox"/> No	

*** For severe reaction, complete child care emergency plan for food allergic response**

Health Care Practitioner _____

Signature of Practitioner _____ Date _____

Mailing Address (Print or type) _____ Phone _____

Please return to: Hilltop Children's Center
2400 – 8th Ave. W, Seattle, WA 98119