

Little Saints Preschool

Food Allergy Form

My child _____, does not have any food allergies that we are aware of at this time.

-OR-

My child _____, may not be served the following foods:

Allergy/Sensitivity:

Please Circle:

1. _____

Mild sensitivity Intolerance Life-Threatening

2. _____

Mild sensitivity Intolerance Life-Threatening

3. _____

Mild sensitivity Intolerance Life-Threatening

- Mild sensitivity: runny nose, itchy, rash
- Intolerance: Vomiting, diarrhea
- Life-threatening: Anaphylactic shock (airways constrict)

I give my permission for Little Saints Preschool to post my child's information regarding food allergies in the classroom that is accessible to all staff. I understand that this location may be visible to other families.

Parent's Name (Print)

Parent's Signature

Date

Director Signature

Date