



# Head Start

“Building partnerships, changing lives”



## Request for Food Allergy Information

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Campus: \_\_\_\_\_ Classroom: \_\_\_\_\_

This form is provided to allow a parent/guardian to disclose whether his/her child has a food allergy or severe food allergy. **This must be filled out before starting school.**

“Severe food allergy” means a dangerous or life threatening reaction of the human body to a food borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

My child, named above, has a food allergy. Here is a list of foods that cause an allergic reaction. **If the food allergy is severe I will have my child’s physician fill out the Food Allergy Action Plan form.**

Head Start campuses will follow the Child and Adult Care Food Program or the National School Lunch Program guidelines depending on what campus they are on, along with Child Care Licensing Minimum Standards. **Food allergies must be supported by a recognized medical authority (physicians, physician assistant or nurse practitioners.) The Food Allergy Plan must be obtained before admission.**

The medical statement must include: identification of the medical or special dietary need that restricts the child’s diet, food or foods omitted from the diet and food or foods to be used as substitutions and steps to take for any reaction.

Food	Nature of Allergic Reaction to the Food	Food Substitutions	Steps to take if child has an allergic reaction

\_\_\_\_\_  
Physician’s Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date