



Suspected Allergy/ Food Intolerance Form

This form is to be completed by the parent/ guardian when the parent/ guardian suspects their child may be allergic to a product or has a food intolerance; however not received a medical diagnosis or health care plan from the child's medical provider.

Note: if the suspected allergy or food intolerance is medically diagnosed, a written document from the child's medical provider is required. (Allergy Action Plan)

Name of child: _____ **Date of Birth:** _____

My child has a: ___ Suspected Allergy ___ Food Intolerance

_____	_____
_____	_____
_____	_____

I suspect/ am concerned my child may be allergic for the following reasons:

___ No previous exposure ___ Family History

___ Previous reaction (please explain/ date): _____

___ Other: _____

I understand that CCUV requires the most up to date information regarding my child's suspected allergy/ food intolerance. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classroom and kitchen.

Parent/ Guardian Signature

Date