



## Allergies & Dietary Restrictions

This form is to be completed and returned to the Family of Christ Child Development Center Office prior to your child's first day of school.

**ALLERGIES**

- My Child has NO Known Allergies
- My Child has the following Allergies

ALLERGEN	Reaction & Treatment	Medication Required
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

**DIETARY NEEDS**

- My Child has NO Specific Food Restrictions
- My Child has the following Food Restrictions

FOODS	DETAILS	Medication Required
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

If your child has any dietary restrictions please send a snack(s) each day for your child.

All food served by the CDC Staff is Nut Free.

At lunch children are able to bring nuts; however, there is a Nut Free table in every classroom.

If medication would be required for your child's allergy while at school additional paper work is required.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date