Diagnosed Food Allergy Form **(ONLY FILL OUT IF APPLICABLE)**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe reaction to food and severity. Be as detailed as possible – ingestion only, contact, etc. What should the teacher be looking for if an allergic reaction is occurring?

What is the treatment if allergic reaction occurs? Please note if an EpiPen is provided, a current prescription is required with the child’s name in the original packaging. If any other medication is needed, for example Benadryl, the parent needs to provide the medicine in the original packaging with proper dosing information from the physician as documented on this form or another physician signed form.

Per our Operational Policies, Trinity Private Preschool will not guarantee allergy free rooms (example “nut free” or “gluten free”) or monitor other students’ lunches. We will list student allergies in all preschool rooms. We will send an email to parents of your child’s classroom requesting sensitivity to this allergy when bringing treats for the class. Beyond this, is there anything we can reasonably do to keep your child safe?

We provide a snack each day with the menu posted for parents to view. Please select from the following:

* I will provide my child’s snack every day. No snack from the preschool should be served to my child unless I am present and have approved it.
* I will take the responsibility to view the menu regularly and my child may be served the regular snacks.\*

We have special party days and parents sometimes bring birthday treats. Please select from the following:

* My child should not have any food at special party days or birthday treats unless I am present and have approved it.
* My child may be served the food at the party days and the birthday treats.**\***

**\***We prefer not to take the risk of reading labels and deciding what is acceptable and not.

By signing below you are acknowledging that you have shared as much information about your child’s food allergy and treatment thereof as you presently know. Per Operational Policies, while we will make reasonable accommodations to protect your child from unnecessary exposure to his/her specific food allergen, you acknowledge that there are risks and that the preschool has not assumed a duty to protect the student from **all exposure** to the particular food allergen.

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Parent’s Signature(s) Date

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Parent’s Signature(s) Date

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Director’s Signature Date

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Teacher’s Signature Date

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Teacher’s Signature Date

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Teacher’s Signature Date

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Teacher’s Signature Date

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Physician’s Signature Date**

**This form OR a physician provided form with diagnosis and treatment plan MUST be signed by your child’s physician BEFORE being admitted into our care. This is a HHS/CCR Minimum Standard which we are required to abide by for the safety of your child.**