

ANAPHYLAXIS, Allergies, and Intolerances Information Form

MUST BE ACCOMPANIED WITH AN ALLERGY REPORT FROM A TRAINED HEALTH PROFESSIONAL OR ALLERGEN TESTING FACILITY

Child Care Centre:			
Child's Name:			
	Give a full description of th	e severity of the reactio	n and include any parameters wit
Allergy/Intolerance:			
Reaction/Symptoms:			
			<u>ANAPHYLAXIS</u>
	NO	*YES*	*
Parent Name:			
Parent Signature:	e:		TE:
Centre Signing Authority:			TE:

Sample Information Sheet

Child: Johnathan Doe

Allergy/Intolerance: Intolerant to soy and milk with limited tolerance

Symptoms: Diarrhea (runny, green stool with possible mucous or blood), history of and red, raise bumps on legs)

× NO ×	√YES √	
Milk: NO fresh, or heated milk, cream, buttermilk, ice cream, etc. NO yogurt or frozen yogurt NO chocolate, caramel or similar candy containing milk NO ricotta cheese, cottage cheese, processed cheese or shelf stable parmesan cheese (contain added milk) NO cream cheese NO dips, salad dressings, icings, streusel, margarine, etc. containing milk NO cheese/whey powder (e.g. doritos, cheesies)	Milk: YES baked in milk with flour (e.g. pancakes, muffins, waffles) YES butter (NOT margarine, unless vegan) YES cheese cooked or uncooked (the only ingredient should be pasteurized milk with cheese cultures), e.g. cheddar, marble, mozzarella, feta/goat cheese, cream cheese* etc. *limited experience, may not have tolerance, please keep communication	
Soy: NO Soy/soybean protein or edamame E.g. Soy milk, soy sauce, hydrolyzed soy protein, edamame Things to watch for especially: Bread (rare) Gravy or soup (mix or canned), chili or meat sauces (e.g. tim hortons, chef Boyardee), meat substitutes	Soy YES soy/soybean oil or soy lethicin (highly refined and stripped of protein	



SPECIAL REQUEST FORM

Child Care Centre:	
Child's Name:	
Special Dietary Request Vegan Vegetarian Pork Free Gluten Free Raw Dairy Free (drinkable milk. cheese, yogurt) All Dairy Free Other:	
,(parents name) understar child is for personal reasons or beliefs and is not associated with any life thre food/s.	nd that my request for a special diet for material diet for materi
Parent Signature:	DATE:
Center Signing Authority:	DATE