

## Food Allergies, Food Intolerance and Special Diets

Classroom or Program

### Food Allergies\*:

| Child/Classroom | Allergy | Food Substitute | Medication  | Grab & Go Bag or where? |
|-----------------|---------|-----------------|---|-------------------------|
|                 |         |                 | EPI-PEN <input type="checkbox"/><br>Antihistamine <input type="checkbox"/><br>None <input type="checkbox"/> |                         |
|                 |         |                 | EPI-PEN <input type="checkbox"/><br>Antihistamine <input type="checkbox"/><br>None <input type="checkbox"/> |                         |
|                 |         |                 | EPI-PEN <input type="checkbox"/><br>Antihistamine <input type="checkbox"/><br>None <input type="checkbox"/> |                         |
|                 |         |                 | EPI-PEN <input type="checkbox"/><br>Antihistamine <input type="checkbox"/><br>None <input type="checkbox"/> |                         |
|                 |         |                 | EPI-PEN <input type="checkbox"/><br>Antihistamine <input type="checkbox"/><br>None <input type="checkbox"/> |                         |
|                 |         |                 | EPI-PEN <input type="checkbox"/><br>Antihistamine <input type="checkbox"/><br>None <input type="checkbox"/> |                         |
|                 |         |                 | EPI-PEN <input type="checkbox"/><br>Antihistamine <input type="checkbox"/><br>None <input type="checkbox"/> |                         |

\* Please see individual allergy plans for more information (including emergency care).

### Food Intolerance and Special Diets :

| Child | Does not eat this food: | Substitute this food with: |
|-------|-------------------------|----------------------------|
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