



Suspected Allergy/ Food Intolerance

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, has not received a medical diagnosis or a health care plan from the child's medical provider.

Note: If the suspected allergy or food intolerance is medically diagnosed, a Health Care Plan completed and signed by the child's medical provider is required (provided by the center).

Child's Name: _____ Child's Date of Birth: _____

My child has a:

Suspected allergy

Food intolerance to:

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

No previous exposure Family history Previous reaction (please explain/date of reaction:

Other: _____

I understand that Gottlieb Child Development Center 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 classrooms and kitchen.

PARENT/GUARDIAN SIGNATURE

DATE

This form must be updated annually or whenever there is any change in treatment or the child's condition changes.

To eliminate the suspected allergy or food intolerance and allow your child to eat the suspected item(s) while at Gottlieb, please complete the following.

I _____, acknowledge that my child no longer has a suspected allergy to _____ and may now be served this item(s) while at Gottlieb Child Development Center.

PARENT/GUARDIAN SIGNATURE

DATE