



# Child Food Allergy/Modification Information Form

Date: \_\_\_\_\_

Lunch Lady: \_\_\_\_\_

<b>Child Information</b>	
Child Name	
Child Birth Date	
School/Childcare Centre	
Classroom & Teacher	
<b>Parent Contact Information</b>	
Parent Name	
Home Address	
Phone Number	
Email Address	

## Food Allergy and Intolerance Information (please check only one box for each allergen)

Food Allergen	Severe Allergy/ Anaphylaxis (shortness of breath, dizziness, hives, widespread redness swelling, difficult swallowing, vomiting, severe diarrhea)	Mild Allergy (sneezing, mild itch, mild nausea, discomfort, runny nose)	Intolerance/ Sensitivity (sweating, stomach-ache, bloating, headache, allergy-like reactions)
Peanut			
Milk/Dairy			
Lactose			
Wheat <i>(Do not check allergy for celiac disease or gluten sensitivity)</i>			
Gluten <i>(Celiac disease/non-celiac gluten sensitivity includes wheat, barley, oats, rye)</i>			
Soy			
Eggs			
Corn			
Tree Nuts (almonds, walnuts)			
Sesame			
Fish			
Shellfish			
Sulphites			

