



ALLERGY/FOOD INTOLERANCE CARE PLAN

CHILD'S NAME _____ DOB _____ CLASS _____

FOOD ALLERGY _____ EPI-PEN _____ BENADRYL _____
(please be specific, especially for dairy product allergies)

FOOD INTOLERANCE _____
(please specify)

OTHER ALLERGIES _____
(please specify)

ASTHMA: _____ YES _____ NO _____ MILD _____ SEVERE _____ SEASONAL (winter, spring, summer, fall) _____ INHALER _____

In order for the Earthplace staff to care for your child and maintain a healthy environment, please fill out the statements below.

SNACK AND LUNCH STATUS

My child

- 1) Needs to eat at an allergy free table _____ YES _____ NO
2) Has food allergies/intolerances, but only on ingestion _____ YES _____ NO

ANIMAL HALL PERMISSION

My child

- 1) Can visit the Animal Hall with no restrictions _____ YES _____ NO 2) Can visit the Animal Hall with restrictions _____ YES _____ NO

Restrictions: _____

OUTDOOR PERMISSION

My child can touch the nuts on the trails _____ YES _____ NO

Other restrictions or health concerns _____
(please explain)

SNACKS

1. My child has food allergies/food intolerances and I will provide all of my child's snacks _____.

OR

2. My child has food allergies and I must provide the crackers and chips _____.

- a. My child may have fruits _____/_____
yes no b. My child may have vegetables _____/_____
yes no
- c. My child may have dairy products. _____/_____
yes no

I give permission for Earthplace to post information about my child, _____, in regards to his/ her above mentioned allergies/food intolerances and their proper care. _____ Yes _____ No

Parent's Signature

Parent's Name (please print)

Date