

# Allergy/Food Intolerance Care Plan



For children with multiple allergies, use one form for each allergen.

## Student Information

Full Name: *(last, first)* \_\_\_\_\_ DOB: \_\_\_\_\_ Class: \_\_\_\_\_

Allergy to: \_\_\_\_\_ EPI-PEN: \_\_\_\_\_ Benadryl: \_\_\_\_\_

*Please be specific, especially for dairy product allergies*

Food Intolerance: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Asthma: Yes No Mild Severe Seasonal (*winter spring summer fall*) Inhaler \_\_\_\_\_

*Please circle*

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

## Snack & Lunch Status

My child:

- Needs to eat at an allergy free table (*please circle*): **yes** **no**
- Has food allergies/intolerances, but only on ingestion (*please circle*): **yes** **no**

## Animal Hall Permission

My child:

- Can visit the Animal Hall with no restrictions (*please circle*): **yes** **no**
- Can visit the Animal Hall with restrictions (*please circle*): **yes** **no**

Restrictions: \_\_\_\_\_

## Outdoor Permission

My child:

- Can touch the nuts on the trails (*please circle*): **yes** **no**
- Other restrictions or health concerns: \_\_\_\_\_

## Snacks

My child:

- Has food allergies/food intolerances and I will provide all of my child's snacks (*please circle*): **yes** **no**
- OR**
- Has food allergies and I must provide the crackers and chips (*please circle*): **yes** **no**
  - May have fruits (*please circle*): **yes** **no**
  - May have vegetables (*please circle*): **yes** **no**
  - May have dairy products (*please circle*): **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, (*please circle*): **yes** **no**

Parent's Signature

Parent's Name (*please print*)

Date

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