



My child has no allergies or preferences requiring substitutions

_____ Parent's initials _____ Date

Allergies and Preferences

Account Name _____

Child's Name _____

Completing this form VOIDS previous forms. You must re-write all allergies & preferences in their entirety. If previous entries are not listed, TELC assumes they are no longer current or necessary. A note from a medical professional or dietician is required for all allergies.

ALLERGIES to Food & Medicine Be as specific possible and list specific foods, not food groups

Food & Clarifications	Reaction to Expect	Step to take if accidentally ingested
(Example) Peanuts (other nuts ok)	Trouble breathing	Apply epi-pen immediately; see medication form
(Example) Mango	Rash develops around mouth	Give Benadryl; see medication form

PREFERENCES to avoid specific Foods

Food & Clarifications	Reason for Preference
(Example) Milk to drink (yogurt & cheese ok)	Tummy gets upset
(Example) Vegan	Family Lifestyle

I understand that it is my responsibility to provide **all food** on the days my child requires substitutions and that TELC will not provide food for any snacks or meals on a day that my child cannot partake of the entire days' menu. If milk alternatives are the only substitution, I will provide the alternative and TELC will provide foods according to the menu.

PARENTS' RESPONSIBILITY

1. Review the menu daily
2. Provide all snacks and meals on a day my child requires food substitutions *(It must be ALL food from home for every snack and meal or ALL food from TELC; no exceptions)*
3. Pack food with any needed ice packs or in a thermos *(TELC cannot refrigerate or heat foods from home)*
4. Write on my child's daily sheet that food from home is in my child's cubby, or for Preschool and Jr. K, tell my child's teacher

Parent's Signature _____ Date _____

For office use

- Recorded in ProCare Tracking Dr. Note Medication Form Meds on site
 Printed for Classroom Printed for Kitchen Copied Form to Parent

Signature from Office _____ Date _____