



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 If previous entries are not listed, TELC assumes they are no longer current or necessary.

**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

**PREFERENCES to avoid specific Foods/Drinks**

Food & Clarifications	Reason for Preference
(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.

\_\_\_\_\_  
Parent's Signature Date

**For office use:**

Recorded in Brightwheel

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

\_\_\_\_\_  
Signature from Office Date

## PARENTS' RESPONSIBILITY

1. Review the menu daily
2. Provide ALL snacks and meals on a day my child requires food substitutions, no exceptions
3. Pack food with any needed ice packs or in a thermos (TELC cannot refrigerate or heat foods from home)
4. Communicate to child's teacher where their food/lunch bag can be found (backpack, cubby, etc.)