



# Suspected Allergy/ Food Intolerance

This form is to be completed by the parent/guardian when the parent/guardian suspects their child may be allergic to a product or has a food intolerance; however, has not received a medical diagnosis or a health care plan from the child's medical provider.

Note: If the suspected allergy or food intolerance is medically diagnosed, a Health Care Plan completed and signed by the child's medical provider is required (provided by the center).

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

### My child has a:

Suspected allergy

Food intolerance to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I suspect / am concerned my child may be allergic for the following reasons:

No previous exposure     Family history     Previous reaction (please explain/date of reaction:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

I understand that Gottlieb Child Development Center requires the most up to date information regarding my child's suspected allergy/food intolerance. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

***This form must be updated annually or whenever there is any change in treatment or the child's condition changes.***

**To eliminate the suspected allergy or food intolerance and allow your child to eat the suspected item(s) while at Gottlieb, please complete the following.**

I \_\_\_\_\_, acknowledge that my child no longer has a suspected allergy to \_\_\_\_\_ and may now be served this item(s) while at Gottlieb Child Development Center.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE