



DIETARY ACCOMMODATIONS FORM

FOOD ALLERGY AND ANAPHYLAXIS

If child has severe and potentially life-threatening allergies, a *Food Allergy and Anaphylaxis Emergency Care Plan* or an *Individual Health Care Plan* must be attached to this form **and** is required before participating in any Cascade Christian Schools' activities.

Child's Name		place picture of child here
Date of Birth		
Parent/Guardian* <small>(name and phone number)</small>		
Parent/Guardian* <small>(name and phone number)</small>		
Health Care Provider <small>(name and phone number)</small>		

*See emergency contact information on file if parents are unavailable.

	Food Allergy	Substitute Food
1		
2		
3		
4		
5		

Parent/Guardian to supply appropriate substitute foods.

Parent/Legal Guardian (print)

Signature

Date

Lead Teacher (print)

Signature

Date

Food Preparer (print)

Signature

Date

Program/Site Supervisor (print)

Signature

Date