



Allergies, Food Intolerances and Dietary Restrictions

Child's Name: _____

Allergies

My child has allergies. Yes No (If checked Yes, please detail below.)

List Medication Allergies:
List Environmental Allergies:
List Food Allergies:
A food allergy triggers an immune system reaction and may require emergency medication. Additional documentation will be required for food allergies. The GWP Nurse will contact you with more information.

Is an EpiPen required for any of the above allergies listed: Yes No

Food Intolerances

My child has intolerances to certain foods. Yes No (If checked Yes, please detail below.)

A food intolerance causes undesired symptoms (usually GI related) and are NOT life-threatening. Additional documentation will be required for food intolerances. The GWP Nurse will contact you with more information.	
Food	Symptoms

Dietary Restrictions

My child has dietary restrictions. Yes No (If checked Yes, please detail below.)

No Poultry: ___ No Pork: ___ No Beef: ___ No Fish: ___ Other: _____
Alternative to Cow's Milk: _____
Additional documentation will be required to provide a substitute for cow's milk. The GWP Nurse will contact you with more information.

I acknowledge that the information provided above is accurate and that I am responsible for informing the school, in writing, of any changes as they occur.

Parent Signature _____

Date _____