SHINING SMILES
Daycare

Health Care Plan for Suspected Allergies and Food Intolerance

Child Name: _____ **Date of Birth:** _____

This form is to be completed by parent(s)/guardian(s) when they suspect that their child may be allergic to some product or has some food intolerance but has yet to receive a medical diagnosis from the child's medical provider.

If the suspected allergy or food intolerance is medically diagnosed, an *Allergy Health Care Plan* in relation to such allergy or intolerance is to be completed and signed by the child's medical provider.

My child has a: ☐ Suspected Allergy to ☐ Suspected Food Intolerance to

_____

_____

_____

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

☐ No Previous Exposure ☐ Family History

☐ Previous Reaction (Please specify date and signs/symptoms seen):

_____

_____

☐ Other: (Please explain):

_____

_____

I understand that Shining Smiles requires the current information in regards to 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 classroom and kitchen (if applicable).

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____