

NOTICE OF FOOD INTOLERANCE



Child's Name: _____

DOB: _____ Classroom: _____

Intolerance To: _____

ACTION

If ingestion is suspected, take the following action:

EMERGENCY CONTACTS

1) _____

Relation: _____ Phone: _____

2) _____

Relation: _____ Phone: _____

3) _____

Relation: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____