



Learn And Play Food Allergy Form

Child's Name: _____ Birthdate: _____ Classroom: _____

The well-being and care of ALL children is our outmost priority, and this will be possible with your help. The School provides a well-balanced hot lunch served family style with three nutritious snacks each day. One snack is served in the morning and two snacks in the afternoon. Children under 2 years of age will be given whole milk in accordance with FDA and physician's recommendations. After 2 years of age, children will be given 1% milk.

The school orders food from Costco and some foods such as crackers, bread, etc. may be manufactured in facilities where eggs and nuts are present. Please review the menus carefully each month and update the food allergy form accordingly. The menu is subject to change. Any changes made will be updated daily on the menu posted in the school's lobby area.

For Parents who chose to provide lunch from home, please remember that lunch will NOT be warmed. The lunch will be served as is. Please label all containers with your child's name and date. Please do NOT pack lunch items in glass containers.

Lunch sent from home should not contain **nuts, eggs, seeds, almond milk** (due to allergies) **grapes, cherries, hotdog, or popcorn** (choking hazard). Please note that although your child may not have allergies to the items listed above, a child sitting next to your child eating lunch may be severely allergic to these foods.

Snacks/Lunch must be sent from home if your child has any of the following restrictions:

- If your child has any life-threatening allergies.
- If your child is vegetarian due to strict personal beliefs or otherwise.
- If your child is vegan.
- If your child is a picky eater.

Please indicate your child's snack option:

____ Home snacks (If home snack is provided, school snack will NOT be provided)

____ School snacks

Please indicate your child's lunch option:

____ Vegetarian

____ Non-Vegetarian



**Learn And Play
Food Allergy Form**

Please list below all foods and beverages that your child is allergic to (please note there will be no substitutions given):

Please describe your child's medical condition or allergy:

Please describe the reaction your child is likely to have if she/he consumes or comes into contact with allergens or becomes ill:

Explain in detail what teaching staff should do if this reaction occurs:

Parent's Names: _____

Parent's Signatures _____

Date: _____