

BROOKLAKE

CHILDCARE & LEARNING

FOOD ALLERGY/INTOLERANCE STATEMENT

NAME OF CHILD: _____ BIRTH DATE: _____

NAME OF PARENT/GUARDIAN: _____ DATE: _____

Food:	Allergy or Intolerance:	Appropriate Substitute:

HEALTH CARE PRACTITIONER: _____

SIGNATURE OF PRACTITIONER: _____ DATE: _____

MAILING ADDRESS: _____ PHONE: _____