

Spokane County Head Start / ECEAP/EHS SPECIAL DIET REQUEST: FOOD ALLERGY/INTOLERANCE

Site/room	FSC	
Child's name	ild's name Date of birth (mm/dd/yyyy)	
Parent/guardian Ph	one Cell/work	
Health Care Provider treating food allergy/intolerance/r	eaction Phone	
Do you think your child's food allergy may be life-threatening ? No Yes		
Did your child's health care provider tell you the food allergy may be life-threatening ? No Yes (If YES, an Individual Health Plan will need to be in place before your child attends school.) CURRENT STATUS Check the foods that have caused an allergic reaction:		
Fluid milk	Soy Cheese	
Milk cooked in foods	Soy Yogurt	
Milk/cheese-based soup	Wheat	
Mayonnaise	Gluten	
Cheese	Peanuts	
Cheese cooked in foods	Foods manufactured in a plant that processes	
☐ Yogurt	peanut containing foods	
Cottage cheese	Peanut or nut oils	
Cream cheese	Peanut or nut butter	
Margarine	Peanut flour	
Trace amounts of milk in foods such as bread	Tree nuts (walnuts, almonds, pecans, etc.)	
Eggs	☐ Fish/shellfish ☐ Citric acid	
Pancakes (contains milk, egg and soy)	Citrus fruits including oranges, canned Mandarin	
French toast (contains milk, egg and soy) Waffles (contains milk, egg and soy)	oranges and grapefruit	
Muffins (contains milk, egg and soy)	Pineapple	
Eggs cooked in other foods.	Berries including strawberries, blueberries,	
Please list	raspberries or blackberries	
Soy products including soy oil, hydrolyzed or	Juices including orange, pineapple, apple or grape	
textured vegetable protein (H or TVP), soy sauce,	Tomatoes including sauce and ketchup	
soybean flour, etc.		
Please list any others		
What do you use as a substitute for milk, cheese, or yogurt?		
TRIGGERS, SYMPTOMS, AND ACTION PLAN		
My child will have a reaction (Check all that apply)		
Eating foods Touching foods Smelling foods Other, please explain		
How quickly do the signs and symptoms appear af	ter exposure to the food(s)?	
SecondsMinutes	HoursDays	
What are the signs and symptoms of your child's reacti	on?	
What should staff do?		
Do you want staff to notify you? Immediately Upon pick up Other		
Parent/quardian signature		
Parent/guardian signatureConv.to Nu	Date	
Original in child's file Copy to Nu	trition Specialist Copy to parent	
FOR STAFF USE ONLY Health Specialist notifi	ed	

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