Community Colleges of Spokane

Spokane County Head Start/ECEAP/Early Head Start

Administrative Office MS 1055 ■ 3939 N Freya St ■ Spokane WA 99217
509-533-4800 ■ FAX 509-533-4850

HEALTH PRACTITIONER INSTRUCTIONS

1. Please review all information.
2. Please complete middle section.
3. Return this completed form to Parent/guardian
4. or fax to _____

Thank you for your help!

Dear Primary Care Provider:

A patient of yours is enrolled for care in our program. The parent has identified that his/her child has a non-disabling food intolerance or allergy. We need to know the foods the child is allergic or intolerant to, the nature or the severity of the reaction, and appropriate substitute foods, if any, to assure that the child's nutrition is not compromised.

Thank you for your help in this important matter.

Sincerely,

_____
Family Service Coordinator Date

HS/E/EHS Site _____

LIST EACH FOOD SEPARATELY	BRIEF DESCRIPTION OF HOW THE CHILD REACTS TO THE FOOD	LIST APPROPRIATE SUBSTITUTE FOOD(S), IF ANY
	Life threatening reaction ☐ Yes* ☐ No	
	Life threatening reaction ☐ Yes* ☐ No	
	Life threatening reaction ☐ Yes* ☐ No	
	Life threatening reaction ☐ Yes* ☐ No	
	Life threatening reaction ☐ Yes* ☐ No	

***Life threatening reaction:** An Individual Health Plan will be completed by parent, HS/ECEAP/EHS staff and health care provider, including an Emergency Action Plan. Please use additional sheet to list more allergies.

Health care practitioner _____
PRINT OR TYPE NAME TITLE

Signature of practitioner _____ Date_____

Parental Authorization for Release of Information

Parent/legal guardian (please print) _____

I hereby authorize: Head Start/ECEAP/EHS
AND
Primary Care Provider _____

To receive and disclose information regarding the food intolerance or allergy for:

Child's name _____

Parent's signature _____ Date_____

PARENT/GUARDIAN MAY REVOKE THIS AUTHORIZATION IN WRITING AT THEIR DISCRETION

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Spokane County Head Start/ECEAP/EHS
FOOD ALLERGY/INTOLERANCE INFORMATION

The Washington State Office of Superintendent of Public Instruction, Child Nutrition Program requires written directions about the food we can and cannot serve children with dietary concerns. As a participant in the Child and Adult Care Food Program (CACFP), we are required to comply with these standards. Please help us comply and meet the health needs of your patient by completing this form.

USDA Child and Adult Care Food Program (CACFP) recommends that children receive a medical evaluation if food allergies are suspected. They require that other foods be substituted based on documentation from a recognized medical authority.

This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjuration, 1400 independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish). USDA is an equal opportunity provider and employer."

PLEASE RETURN THIS FORM TO

Spokane County Head Start/ECEAP/EHS

Attention _____

Address _____

Phone _____

Fax _____