

Request for Allergy & Health Condition Information

The purpose of this form is to collect allergy and health condition information. This information is for daily reference by your child(ren)'s care giver(s) so that allergens can be avoided and/or directions in the event that allergens are encountered are readily available. If medication (prescription or non-prescription) is required in the treatment of allergic reactions or any health condition, a Medication Form signed by a physician **must** be submitted to the office.

If your child has special dietary needs, please request the "Montana CACFP Medical Statement to Request Special Meals and/or Accommodations" form from the office.

Child Name _____ Date: _____

Allergy/Condition	Symptoms	Directions

MY CHILD HAS NO KNOWN ALLERGIES OR HEALTH CONDITIONS.

Parent Signature _____