



Food Intolerance Form

Child's Information

Full Name: _____ Date of Birth: _____

Does your child have any food intolerances? Yes No

If yes, please list below.

Food Intolerance	Symptoms	Dietary preference	Alternative food

Any additional information:

Parent's Signature: _____ Date: _____

This form is updated annually.
Please inform us as soon as possible of any changes
to your child's food intolerance(s). Thank you.