Allergy & Food Preference Information Form

Your child's health and safety are very important to us. Please complete this form with as much detail as possible so we can best support your child's needs while they are in our care.

Child Information

Child's Name:	Date of Birth:
Parent/Guardian Name(s):	
Phone Number:	Email:

Allergies

Please list any known food allergies, medical allergies, or intolerances:

Has your child ever had a severe allergic reaction (such as anaphylaxis)? ☐ Yes ☐ No

If yes, please explain and include any emergency action plan or medication (e.g., EpiPen):

Food Preferences

Please list any foods your child prefers, does not prefer, or special dietary needs (e.g., vegetarian, vegan, halal, kosher, etc.):

Additional Information

Is there anything else we should know about your child's diet, feeding routine, or food-related needs?

Parent/Guardian Signature	Date	Provider/PreSchool Prep Signature	Date