



Suspected Allergy/Food Intolerance Form

This form is to be completed by the parent/guardian when the parent/guardian suspects their child may be allergic to a product or has a food intolerance; however, has not received a medical diagnosis or a health care plan from the child's medical provider.

Note: If the suspect allergy or food intolerance is medically diagnosed, a Health Care Plan completed and signed by the child's medical provider is required (provided by the center).

Child's Name: _____ Child's Date of Birth _____

My child has a suspected allergy food intolerance to:

_____	_____
_____	_____
_____	_____

I suspect /am concerned my child may be allergic for the following reasons:

No previous exposure Family history

Previous reaction (please explain/date of reaction): _____

Other: _____

Parent/Guardian Signature

Date

This form must be updated annually or whenever there is any change in treatment or the child's condition changes.

To eliminate the suspected allergy or food intolerance and allow your child to eat the suspected item(s) while at Bright Horizons, please complete the following.

I _____, acknowledge that my child no longer has a suspected allergy to _____ and may now be served this item(s) while at Bright Horizons.

Parent/Guardian Signature

Date