



Dietary Restriction Form

MASAI'S PLAYHOUSE LLC

24/7 Childcare, Infant Care and Preschool

STUDENT INFORMATION:

This form is required for any enrolled child with a food allergy or special diet need.

Student Name: _____

Gender: M or F Birth Date: ____/____/____

PARENT OR GUARDIAN INFORMATION:

Name: _____

Guardian Relationship to Student: _____

Phone (cell): _____ Work: _____ Home: _____

Email: _____

FOOD ALLERGY(IES)/INTOLERANCES/SPECIAL DIET

Parent/Guardian **MUST** provide a medical statement describing the dietary restrictions due to food allergy, and/or intolerance, from the student's Physician.

Check all food allergy/intolerances that apply:

Wheat/Gluten **Dairy** **Fish** **Shellfish** **Soy** **Eggs** **Peanuts** **Tree Nuts**

Other (please list):

Other Special Diet needs or restrictions:

We will make every attempt to meet special diet and food allergy needs for enrolled children but cannot guarantee accommodations for all requests.

Please note: Special diet requests are for food allergies, religious restrictions, and other health-related needs only.

Requests should NOT be made for food preferences, personal taste, or for "picky eaters."

Vegetarian alternatives are available at each meal and should be detailed within this form

INFORMATION

Major Allergens Include: Milk, Eggs, Peanuts, Tree Nuts, Wheat, Soybeans, Fish, and Shellfish. These allergens are to blame for 90% of allergic reactions to food, may be severe, and may cause food anaphylaxis in some individuals. Food intolerances such as lactose intolerance and gluten intolerance/sensitivity (Celiac Disease) are not allergies but individuals may have special dietary needs associated with these conditions.

FOOD ALLERGY QUESTIONNAIRE

Please answer the following questions to better help us with your child's needs:

For students with ***food allergy/intolerance*** please include a list of commonly served food alternatives that staff may provide for your child. Please include alternatives for each meal type (breakfast, lunch and dinner) as well as snacks. (i.e. soy butter for peanut butter, gluten-free breads, soy milk etc).

2. What types of contact will cause a reaction? Check and explain:

Airborne/ Cross Contamination Actual ingestion of food Other (please explain):

3. Has the student ever been hospitalized due to a reaction to this allergen?

(check one) Yes No

4. Is the student familiar enough with his/her allergy that they can identify when placed in a threatening situation? Elaborate if needed.

5. Please describe in detail what happens to the student when exposed to an allergen

6. How soon after exposure, will the student typically experience a reaction to the allergen?

7. Date of last allergic reaction?

8. On a scale of 1-10, 10 being the worst, how severe is the student's reaction to this allergen?

9. For students with religious or personal belief related dietary restrictions, please include a list of commonly served food alternatives that staff may provide for your child. Please include alternatives for each meal type (breakfast, lunch and dinner) as well as snacks.

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FOOD ALLERGY DISCLAIMER

Staff at MPH LLC. makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct staff on the severity of food allergies. In addition, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change their formulation at any time, without notice. Students' concerned with food allergies must be aware of this risk. MPH LLC. will not assume any liability for adverse reactions to foods consumed, or items one may come into contact with while in care at MPH LLC.. By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Signature:

Print name of Parent/Guardian:

Date:/...../.....