

Allergy / Substitutions Form

Name: _____

Birthday: _____

- ☐ My Family/Child is Vegetarian *Please note restrictions and preferred substitutions below
- ☐ Has no known allergies at this time
- ☐ Is allergic to the following:

Items Allergic To	Foods to Substitute with	Reaction and Treatment

* Becca's Place is a certified center, therefore must follow all regulations set forth by the Child Care Division.

* We will do everything in our power to honor parent's request and your family values; however we are required by law to supplement meals if they do not meet the USDA guidelines for both types of food offered and amounts. This includes milk for lunch.

If my child needs any specialized treatment/s (i.e. epi-pin) I, the legal guardian of my child, will provide the necessary treatment/s and provide training in the use of treatment/s to the staff that care for my child at my expense.

Guardian/Parent signature: _____

Date: _____