

CHILD'S NAME _____ DOB _____

Does your child have any **ALLERGIES**? ☐ YES ☐ NO

If your child has allergies, please list them here:

If your child has an allergy, we require you **and your child's doctor** to complete the ALLERGY EMERGENCY PLAN, this form is on our website. <https://www.rit.edu/margarethouse/sites/rit.edu.margarethouse/files/2022-08/0%206%20Allergy%20Emergency%20Plan.pdf>

Your child cannot be enrolled, or continue attending, without the Allergy Emergency Plan filled out in its entirety once an allergen has been identified by you or your child's doctor.

Does your child have any **FOOD RESTRICTIONS** other than the allergens listed above? ☐ YES ☐ NO

If they have a food restriction, please fill out this chart:

FOOD	REASON FOR RESTRICTION	ACTION REQUIRED IF INGESTED

We are able to offer 3 lunch choices for your child, **PLEASE CHOOSE ONLY ONE FOR YOUR CHILD:**

- ☐ Regular lunch
- ☐ Vegetarian lunch – often includes dairy
- ☐ Special Diet lunch – allergen friendly, no egg, no soy, and no dairy. Often includes meat.
- Foodlink requires that the allergen be documented to qualify for this lunch.

❖ We cannot guarantee that there is not egg, soy, or dairy in any lunch that is **not** a special diet. At any time that the provided lunch is not approved for your child, you are required to send in a replacement or alternative food/meal for them.

- ☐ Only lunch from home – choosing this option means lunch will NOT be provided by Margaret's House, and the parent/guardian is responsible for sending a packed meal each day.

Name of Parent/guardian completing form

Date