

# 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

\* Grandma'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 your child does not drink cow's milk please fill our the soy milk substitution form

\* If your child does not drink cow's milk or soy milk please have your child's Doctor fill out the Medical Statement for Food substitutions form and we can provide whatever milk is recommended.

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: \_\_\_\_\_