

ALLERGIES AND SENSITIVITIES

CHILD Name (please type/print): _____

ALLERGIES – To be listed on our T&C Allergy list any allergy **MUST** be also listed on the physician form filled out by your physician

Food:

Medication:

Other:

SENSITIVITIES – Not a confirmed allergy but may be sensitive to something; or family history

Food:

Medication:

Other:

FOOD PHILOSOPHY – Vegan, Gluten Free, Dairy Free, etc...

Parent Signature: _____

Date: _____