

## Suspected Allergy/Food Intolerance Form

This form is to be completed by the parent/guardian when the parent/guardian suspects their child may be allergic to a product or has a food intolerance; however, has not received a medical diagnosis or a health care plan from the child's medical provider.

Note: If the suspected allergy or food intolerance is medically diagnosed, a Health Care Plan completed and signed by the child's medical provider is required (provided by the center).

Child's Name: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

My child has a:  suspected allergy

food intolerance to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I suspect /am concerned my child may be allergic for the following reasons:

No previous exposure

Family history

Previous reaction (please explain/date of reaction): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

I understand that Bright Horizons requires the most up to date information regarding my child's suspected allergy/food intolerance. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***This form must be updated annually or whenever there is any change in treatment or the child's condition changes.***

***To eliminate the suspected allergy or food intolerance and allow your child to eat the suspected item(s) while at Bright Horizons, please complete the following.***

I \_\_\_\_\_, acknowledge that my child no longer has a suspected allergy to \_\_\_\_\_ and may now be served this item(s) while at Bright Horizons.

\_\_\_\_\_  
(Signature of the Parent/Guardian)

\_\_\_\_\_  
(Date)