

Bright Haven Children's Learning Center

Food Avoidance Form

_____ (name) has shown a sensitivity/intolerance for _____.

This food should be avoided _____ entirely, or _____ in the following forms: (Please be specific.)

Please attach any applicable documentation or information regarding your child's allergy to this form.

I understand that as _____'s parent/guardian, it my responsibility to provide a substitute that matches as closely as possible the food being served containing the food to be avoided. It is further understood that Bright Haven should be notified if/when the food avoidance is no longer necessary, and the child can once again be included in the regular BHCLC menu.

The food avoidance should begin on _____ (date) and will be re-evaluated prior to each August that this child is in attendance at Bright Haven Children's Learning Center.

_____ Parent Signature _____ Date

_____ Physician's Signature _____ Date

_____ Supervisor's Initials _____ Date