BBNA Head Start

PO Box 310 Dillingham, AK 99576
907-842-4059

FOOD ALLERGY HISTORY

CHILDS NAME:_____ BIRTH DATE:___/___/_____COMMUNITY: _____

FOOD ALLERGIES AND FOOD-RELATED PROBLEMS

For special dietary needs or medical issues, substitute foods may be provided to a child who is unable to consume foods required by the Head Start meal pattern guidelines. ***However, food substitutions can be provided only when supported by a written, dated statement from a recognized medical authority (doctor or community health aide.) Written statement must include the recommended food/beverage substitution, and the length of time food/beverage substitution is to be provided.***

If your child has any known food allergies, please list below as well as submit written documentation by your Health Care Provider to Head Start ***immediately*****. Help us keep all children healthy!**

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PARENT/GUARDIAN SIGNATURE: _____ DATE: _____