

# Tracking Form for Food Allergies, Intolerances, Preferences, & Special Diets

Please see child's care plan, if needed, for more information (including emergency care).

Classroom or Program

## Food Allergies:

Child/Classroom	Allergy	Food Substitute	Medication	Grab & Go Bag or where?
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	
			EPI-PEN <input type="checkbox"/> Antihistamine <input type="checkbox"/> None <input type="checkbox"/>	

## Food Intolerances, Preferences, and Special Diets:

Child/Classroom	Does not eat this food:	Substitute this food with: