Child's Name: _____

DIETARY
☐ **My child is free of food allergies and has no dietary restrictions.**

ANAPHYLACTIC / ALLERGIES / RESTRICTIONS (food, insects, medication...) ***I understand and agree that it is my responsibility to supplement my child's daily diet by bringing in any special food his/her diet may require.***		
☐ **Anaphylactic** ☐ Moderate Allergy ☐ Restriction	☐ **Anaphylactic** ☐ Moderate Allergy ☐ Restriction	☐ **Anaphylactic** ☐ Moderate Allergy ☐ Restriction
Item:	**Item:**	**Item:**
Reaction:	**Reaction:**	**Reaction:**
Treatment:	**Treatment:**	**Treatment:**
Alternate Provided:	**Alternate Provided:**	**Alternate Provided:**
Notes:	**Notes:**	**Notes:**
☐ **Anaphylactic Emergency Plan Completed**	☐ **Anaphylactic Emergency Plan Completed**	☐ **Anaphylactic Emergency Plan Completed**

☐ **Anaphylactic** ☐ Moderate Allergy ☐ Restriction	☐ **Anaphylactic** ☐ Moderate Allergy ☐ Restriction	☐ **Anaphylactic** ☐ Moderate Allergy ☐ Restriction
Item:	**Item:**	**Item:**
Reaction:	**Reaction:**	**Reaction:**
Treatment:	**Treatment:**	**Treatment:**
Alternate Provided:	**Alternate Provided:**	**Alternate Provided:**
Notes:	**Notes:**	**Notes:**
☐ **Anaphylactic Emergency Plan Completed**	☐ **Anaphylactic Emergency Plan Completed**	☐ **Anaphylactic Emergency Plan Completed**

OTHER DIETARY NEEDS (formula, baby food...)
Special Instructions:

Revised October, 2019

MEDICAL CONDITIONS (Inhalers, Seizures, Diabetes, Asthma…)		
Start date: DD / MMM / YYYY	**End date:** DD / MMM / YYYY	☐ **Ongoing**
Special Instructions:		
☐ **Emergency Plan Completed**		

REST Infants: Cribs Toddlers: Cots Preschool: Cots		
Start date: DD / MMM / YYYY	**End date:** DD / MMM / YYYY	☐ **Ongoing**
Special Instructions:		

OUTDOOR PHYSICAL ACTIVITY Full day program: 2 hours per day minimum Before & After Programs: ½ hour per day minimum		
Start date: DD / MMM / YYYY	**End date:** DD / MMM / YYYY	☐ **Ongoing**
Special Instructions:		

Parent/Guardian Signature: _____ **Date:** _____

By typing your name in this box you agree to the above statements

Office Use Only
☐ added to special requirements master list ☐ Original: Green Folder ☐ updated on brightwheel ☐ Update registration form (ONLY FOR ALLERGIES)

Revised October, 2019