

URBAN STRATEGIES EARLY LEARN CENTER I and III

1091 Sutter Ave, Brooklyn NY 11208 (718) 235-6151

255 Atkins Ave, Brooklyn NY 11208 (718) 348-9349

FOOD RESTRICTION FORM

Date _____

To: Urban Strategies Early Learn Center I and III

From: _____

(Please print name of guardian)

I am requesting for my child: _____

(Please print child's name)

To not be served the following food(s)	Reason	If it's an allergy, please list reaction

Is there any medication recommended by the doctor that should be given to the child if there is a reaction to a certain food? YES ___ NO ___. If YES, please indicate the type of medicine the child needs.

Is it a food allergy, milk or any other allergy _____.

(Please indicate type of allergy)

My child has NO food allergies _____

(Please initial)

In the event that your child needs medication provided to him/her a medication administration form must be filled out and attached to the food restriction form. A certified medication administrator will provide the medication to your child if needed.

STATEMENT

I understand that if this food restriction form is for medical reasons, (food allergy (nuts, fish, etc...) or milk) I will need to provide a doctor's note to the Family Worker (signed and stamped).

Thank you for your cooperation

Parent's Signature