SNOHOMISH HEALTH DISTRICT
WWW.SNOHD.ORG

Allergy and Food Modifications Posting List

Name	Birthdate	Reason (Allergy, Intolerance, Preference)	Food or Allergen	Alternative Foods	Reaction	Treatment (Yes ** / No)
Example: Sally Jones	*2/3/17*	*Allergy*	*Bees*		*Anaphylaxis*	*Yes- Epi-pen*
Example: John Smith	*6/30/14*	*Intolerance*	*Milk*	*Soy Milk*	*Diarrhea*	*No*

** If yes, see child's ***Emergency Plan for Severe Allergy***

Date reviewed/revised:	*Date reviewed/revised:*	*Date reviewed/revised:*	*Date reviewed/revised:*	*Date reviewed/revised:*	*Date reviewed/revised:*

Child Care Health Outreach Program
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