

Suspected Allergy/Food Intolerance Form

This form is to be completed when:

- The parent/guardian suspects their child may be allergic to a product or has a food intolerance;
- The child does not yet have a related medical diagnosis or health care plan.

If the suspected allergy or food intolerance is medically diagnosed, a Bright Horizons Health Care Plan, completed and signed by the child's medical provider, is required.

Child's Name: _____ Child's Date of Birth _____

My child has a: suspected allergy to:

food intolerance to:

I suspect /am concerned my child may be allergic for the following reasons:

No previous exposure Family history Previous reaction (please explain/date of reaction):

Other: _____

I understand that Bright Horizons requires the most up to date information regarding my child's suspected allergy/food intolerance. I also understand that for the safety of my child, my child's photograph and allergy information will be posted in the classrooms and kitchen.

Parent/Guardian Signature

Date

This form must be updated annually or whenever there is any change in treatment or the child's condition changes. To eliminate the suspected allergy or food intolerance restriction and to allow your child to eat the suspected item(s) while at Bright Horizons, please complete the following.

I acknowledge that my child _____ no longer has a suspected allergy to and may now be served this item(s) while at Bright Horizons:

(Signature of the Parent/Guardian)

(Date)