

Checklist for Other Allergies

Child Name: _____

	Please ***check*** all food items your child **CAN NOT** eat	Please state if due to **preference** or **ALLERGY** and and treatment required of allergic reaction
	Pork	
	Beef	
	Fish	
	Chicken	
	Turkey	
	Peanuts/Nuts	
	Milk	
	Eggs	
	Cheese	
	Juice	
	Wheat	
	Certain fruit_____	
	Certain Vegetable_____	
	Yogurt	
	Soy	
	Beans_____	
	Gluten	
	Cinnamon	
	BBQ sauce	
	Other: indicate below	
	Parent Signature:_____	**Date:**_____