

Dietary Restrictions Form

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3. Has the child ever been hospitalized due to a reaction to this allergen?
(check one) \square Yes \square No
4. Is the child familiar enough with his/her allergy that they can identify it when placed in a
threatening situation? Elaborate if needed.
(check one) □ Yes □ No
5. Please describe in detail what happens to the child when exposed to this allergen.
6. How long does it take for a reaction to take place upon being exposed to the allergen?
7. When was the child's last reaction due to exposure to the allergen?
8. If the child is exposed to or consumes an allergen, what steps would like to the team to take to ensure their safety and recovery?

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Disclaimer:

The SEK Christian Intensives Team makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our food production staff on the severity of food allergies. In addition, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change their formulation at any time, without notice. Children concerned with food allergies must be aware of this risk. Food Service will not assume any liability for adverse reactions to foods consumed or items one may come into contact with while attending the SEK Christian Intensive.

By signing below, I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Signed:	 	
Printed Name:		
Date:	 	
Relationship:		