



## Suspected Allergy

This form is to be completed by the parent/guardian when the parent/guardian suspects their child may be allergic to a product or has a food intolerance; however, has not received a medical diagnosis or a health care plan from the child's medical provider.

Note: If the suspect allergy or food intolerance is medically diagnosed, a Health Care Plan completed and signed by the child's medical provider is required (provided by the center).

Child's Name: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

### suspected allergy

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Chestnut Hill Academy requires the most up to date information regarding my child's suspected allergy. I also understand that for the safety of my child, my child will not be able to order lunch until tested by a Health Care Provider.

\_\_\_\_\_  
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 and allow your child to eat the suspected item(s) while at Chestnut Hill Academy, 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 Chestnut Hill Academy.

\_\_\_\_\_  
(Signature of the Parent/Guardian)

\_\_\_\_\_  
(Date)