



# Inspiring Hope Counseling

## Food Allergy Notification Form

Childs Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please list any food your child is allergic to, as well as the nature of the allergic reaction.

Food	Reaction occurs by (contact, ingestion etc)	Nature of Reaction (hives, swelling etc.)	Moderate	Severe	Mild

Comments: \_\_\_\_\_  
\_\_\_\_\_

Parents Name: \_\_\_\_\_

How can you be reached in case of emergency?

Home/Cell Phone: \_\_\_\_\_

Text Message: \_\_\_\_\_

I understand that during this program, Inspiring Hope Counseling will make every effort to avoid foods that produce severe allergic reactions. I (the parent/legal guardian) will be responsible for providing a safe food substitute for mild food allergies or allergies that are triggered by ingestion only.

Parent/Legal Guardian Signature \_\_\_\_\_

Today's Date: \_\_\_\_\_