

**EHS HB SOCIALIZATION ALLERGY/FOOD RESTRICTIONS/PREFERENCES**

Family Advocate: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1.  **NO ALLERGIES OR FOOD RESTRICTIONS/PREFERENCES** *(please sign below)* **OR**

PLEASE LIST ANY FOOD RESTRICTIONS (allergies) OR FOOD PREFERENCES (for personal or religious reasons):

*(please be simple and concise – this is for quick reference for socialization food/activities)*

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

\_\_\_\_\_  
Date

**STOP: Please give a copy to your supervisor. Thank you!**