

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 copy for Socialization Health Action Binder