

# Tender Tots Food Allergies and Special Diets Log

This form must be updated as often as necessary

Child's Name \_\_\_\_\_

Foods that are not to be served in any quantity

Foods that can be served in small amounts

Familiar foods that contain the allergy-causing item

Is the child now being, or has the child ever been, treated by a physician for an allergy?  
When and for how long?

What reactions does the child have when these foods are eaten?

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_