

Renton Technical College Child Care Center
Food-Related Special Needs Form

Child's Name: _____ Child's Date of Birth: _____
Parent's Name(s): _____
Parent(s) Contact Information: Work phone(s): _____ Cell Phone(s): _____
Instructor's Name and Class Phone (for RTC students): _____

Please list the foods that your child may not have, and check the reason(s) why, and describe the allergic reaction (if applicable):

1. Food: _____
___ minor allergy ___ serious allergy ___ parent preference ___ religious reasons ___ drug interaction ___ other:
Please describe the child's typical reaction to this food _____
Must this food be avoided in all forms and/or in even small amounts (for example, if you child is allergic to eggs, is it ok to have a baked product that contains a small amount of egg such as a cookie?) _____
2. Food: _____
___ minor allergy ___ serious allergy ___ parent preference ___ religious reasons ___ drug interaction ___ other:
Please describe the child's typical reaction to this food _____
Must this food be avoided in all forms and/or in even small amounts? _____
3. Food: _____
___ minor allergy ___ serious allergy ___ parent preference ___ religious reasons ___ drug interactions ___ other:
Please describe the child's typical reaction to this food _____
Must this food be avoided in all forms and/or even in small amounts? _____
4. Food: _____
___ minor allergy ___ serious allergy ___ parent preference ___ religious reasons ___ drug interactions ___ other:
Please describe the child's typical reaction to this food _____
Must this food be avoided in all forms and/or even in small amounts? _____
5. Food: _____
___ minor allergy ___ serious allergy ___ parent preference ___ religious reasons ___ drug interactions ___ other:
Please describe the child's typical reaction to this food _____
Must this food be avoided in all forms and/or in even small amounts? _____

Does your child require the use of an EpiPen in the event of a severe allergic reaction? _____
What actions would you like us to take if we observe what appears to be an allergic reaction? _____

*Important Note: In the event that we administer an EpiPen to your child, we will first administer the EpiPen, then call 911, and then call you as quickly as possible.

Signature of Parent or Guardian

Date Signed