

TO: The Parent/Guardian of \_\_\_\_\_  
FROM: The Office of Early Childhood Health Office  
RE: FOOD ALLERGY SUBSTITUTION FOR SCHOOL  
DATE: \_\_\_\_\_

In addition to a **Food Allergy Action Plan** for any food allergies, your school requires a food allergy substitution form to be completed.

The EARLY CHILDHOOD ENVIRONMENT RATING SCALE, REVISED EDITION (ECERS-R) is used by our childcare centers to assess group programs for children of preschool through kindergarten age, 2½ through 5. If a child has a documented food allergy ECERS-R requires that an acceptable substitution needs to be provided for the child during meal times.

**Please bring this form to your doctor and have it completed and returned to school**  
**by \_\_\_\_\_.**

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Student Name: \_\_\_\_\_ Center: \_\_\_\_\_

School Year/Date: \_\_\_\_\_

**Food Allergy:** \_\_\_\_\_

**Acceptable Substitution:** \_\_\_\_\_

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

Date: \_\_\_\_\_ MD Name/Signature: \_\_\_\_\_

MD Stamp: \_\_\_\_\_