Allergy and Food Preference Information

Childs Name: _____

	Child's Information					(Check if allergic)	
Substances	MAY Be exposed	May NOT be exposed	IS allergic	Is NOT allergic	Not Sure	Parent(s)	Other Family Member
Foods:							
Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shell fish							
Environmental:							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
Medical:							
Penicillin							
Latex							
Other (please list)	:						