

# Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

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## ALLERGY STATEMENT

Please type or print in ink

**Child's Name:** \_\_\_\_\_

**If your child does NOT have any food allergies or a special diet, initial here.** \_\_\_\_\_

**This child is allergic to the following animals:**

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**This child is allergic to the following foods:**

If the child has a food allergy you must have the Medical Statement to Request Special Meals and/or Accommodations form (CNP-925) signed by the child's physician.

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**This child has the following special diet due to religious beliefs or personal choice:**

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**Acceptable substitute foods are:**

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I give permission for my child's allergy and/or food preference information to be posted in the kitchens and classrooms of the Child Development Center.

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_