



Daycare Health & Care Directions

CHILD NAME: _____ GUARDIAN: _____

I understand that Buddings Daycare is not a nut-free environment.

KNOWN ALLERGIES: _____

A SIGNED ANAPHYLACTIC ALLERGY FORM MUST **ALSO** BE ON FILE FOR CHILDREN CARRYING EPINEPHRINE (EPI-PEN).

OTHER CONSIDERATIONS: _____

EX: VEGANISM, RELIGIOUS RESTRICTIONS, PERSONAL PREFERENCES, ETC.

I do not authorize Buddings to provide food for my child. (No problem ;)

Can your child HAVE:

YES	NO	COMMENTS:
<input type="checkbox"/>	<input type="checkbox"/>	PEANUTS: _____
<input type="checkbox"/>	<input type="checkbox"/>	TREE NUTS: _____
<input type="checkbox"/>	<input type="checkbox"/>	COCONUT: _____
<input type="checkbox"/>	<input type="checkbox"/>	EGGS: _____
<input type="checkbox"/>	<input type="checkbox"/>	DAIRY: _____
<u>N/A</u>	<input type="checkbox"/>	MEAT/FISH: <u>Buddings NEVER serves meat to children</u>
<input type="checkbox"/>	<input type="checkbox"/>	OTHER ANIMAL PRODUCTS: _____
<input type="checkbox"/>	<input type="checkbox"/>	GLUTEN: _____
<input type="checkbox"/>	<input type="checkbox"/>	SOY: _____
<input type="checkbox"/>	<input type="checkbox"/>	BERRIES: _____
<input type="checkbox"/>	<input type="checkbox"/>	SEEDS: _____
<input type="checkbox"/>	<input type="checkbox"/>	TREE FRUITS: _____
<input type="checkbox"/>	<input type="checkbox"/>	SUNSCREEN, BUM WIPES: _____
<input type="checkbox"/>	<input type="checkbox"/>	CONTACT WITH ANIMALS: _____
<input type="checkbox"/>	<input type="checkbox"/>	OTHER: _____

DATE

SIGNATURE