



NORTHERN TIER COMMUNITY ACTION CORP.

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DAVID GREENE
 EXECUTIVE DIRECTOR

Nutritional Concerns for Children with Food Allergies or Intolerances

If _____ needs to have a special diet or an adjustment to the food we serve at Head Start, please indicate on the chart below.

Foods to Avoid	Possible Reaction	Foods to Substitute

 Signature of: Physician, Physician Assistant,
 Nurse Practitioner or Registered Dietitian

 Date

 Signature of Parent/Guardian

 Date

Received at: _____
 Head Start Center or Home Based Program

 Date

Signatures: _____
 Teacher or Home Visitor

 Date

 Assistant Teacher

 Date

 Family Service Worker

 Date