

# Food Bank Farm Camp

## Allergy/Medical Alert Form



Please fill out the form below if your child has medical conditions, allergies, or sensitivities:

If you wish for snack/food substitutions to be made, please provide us with a detailed list of what your child is allergic to and we will get back to you. While we make every effort to alter snacks and activities to accommodate children with food allergies, it is not always possible. Our support team will need at least one week to evaluate all snacks and activities planned by the teacher before we can get back to you. Please be aware that even if a substitution is made for your child for the camp they wish to attend, we cannot 100% guarantee that allergens will not be present on the premises, at the Food Bank, or on the persons of other children or workers present.

If my child has severe allergies, I agree to not send my child to camp until permission has been granted in writing by the Food Bank Farm Camp Team.

### Minor's Medical Condition, Allergy, Sensitivity Information:

Please list any medical conditions, allergies, or sensitivities your child may have:

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The Symptoms my child presents with are: ☐ Severe ☐ Mild

Please list any and all symptoms your child presents with: (please be specific)

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My child has asthma: ☐ Yes ☐ No

### What is the allergy action plan?

- ☐ Child carries an EpiPen
- ☐ Over-the-counter antihistamines can be given
- ☐ Monitor child for symptoms
- ☐ Other \_\_\_\_\_

I understand that the Food Bank Farm Camp cannot be 100% free of allergens and it is at my own discretion whether or not my child attend. I will not hold Food Bank Farm Camp liable should my child have any allergic reaction during a class or camp. I will also notify my child's specific teacher on the day of class or camp each time that they attend.

In case of an emergency, I grant any staff of the Food Bank Farm Camp permission to seek medical care for my child.

Date: \_\_\_\_\_

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

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