

Food Information Form (FIF)

Child's Name: _____ Date completed: _____

Person Completing the Form/ Relationship: _____ / _____

Please complete the sections below to provide guidance on your child's interactions with food while enrolled at our school. Please mark in each box to indicate your child's dietary restrictions in each category. Please mark 'none', rather than leaving a box blank, if you do not have dietary restrictions to report in any of the listed areas.

Children may be exposed to a variety of foods during learning activities at the school. Under the family preferences section, please let us know how you would like us to support your child in trying new foods.

<p><i>Potentially Life-Threatening Food Allergy:</i> ingestion and/ or contact with the food trigger causes an immune system reaction resulting in respiratory distress that is treated using epinephrine. A Food Allergy Emergency Action Plan must be completed by a physician for each life-threatening food allergy. Family will complete the Food Allergy History. Additionally, the staff and family will work together to develop an Individual Health Care Plan.</p>	<p><i>Food Sensitivity/ Intolerance:</i> ingestion of the food triggers undesirable gastrointestinal, skin or behavioural symptoms. A Physician Statement for Food Substitution form is required for each food sensitivity/ intolerance. Family will complete the Food Sensitivity History as well.</p>
<p><i>Religious Belief:</i> the family's faith dictates avoidance of certain foods or food combinations; examples include avoiding meat on Fridays during Lent for a Catholic family or avoiding pork for a Jewish family. A Family Statement for Food Restriction/ Substitution form is required.</p>	<p><i>Family Preference:</i> any dietary restriction determined by the family; examples include a family's choice to follow a vegetarian diet, avoid food dyes, or choking hazards or limit sugar intake. A Family Statement for Food Restriction/ Substitution form is required.</p> <p>How would you like us to support your child in trying new foods? Please indicate your choice below:</p> <p>_____ Encourage child to taste food before saying 'no thank you'.</p> <p>_____ Child can say 'no thank you' without first tasting.</p>