

Food Allergy/Intolerance Statement: 2020 -2021

對食物過敏/不能接受某種食物的聲明

Please fill out and have form signed by a Health Care Provider.

通過衛生保健機構提供的證明,請完整的填寫並簽名:

Please provide the following information:

Child's Name (孩子的名字): _____

Allergy to/intolerant of (Please list food items)

過敏/不能接納的某種食物(請列出食物的種類):

How child reacts to food 孩子對食物的過敏反應是甚麼

Emergency Treatment Procedure

Parent/Guardian Signature

父母/監護人簽名

Date

日期

Health Care Provider Signature

衛生健康提供者簽名

Date

日期

