

Date:
Office Use: Application#
Notes:

FOOD ALLERGIES AND INTOLERANCES

Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Grade:		
School:		

INFO

Provided Documentation:
<input type="checkbox"/> Physician's Note
<input type="checkbox"/> Other _____

Allergies:	<input type="checkbox"/> Peanut	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Latex	<input type="checkbox"/> Eggs	<input type="checkbox"/> Soy	<input type="checkbox"/> Dairy
	Anaphylaxis <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other:	<input type="checkbox"/> Wheat	<input type="checkbox"/> Chicken				
	<input type="checkbox"/> Gluten	<input type="checkbox"/> Beef				
	<input type="checkbox"/> Pork	<input type="checkbox"/> Lactose				

	Is your Child a Vegetarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is your Child ad Vegan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please note that even though Federal policy states proper documentation is needed, we absolutely do our best to meet all special dietary requests.*