

Allergy Notification Form

Child's Name: _____ Date _____

Parent's/Guardian's Name: _____

My child has a food allergy that has been documented by a physician

My child may not eat the following foods:

Foods to substitute:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

I understand that it is my responsibility to indicate weekly on a current menu any food my child cannot have by marking out the foods and turning the menu in to my child's teachers. I further understand that it is my responsibility to provide an appropriate substitute food; for example, a protein to replace a red meat, or a fruit for another fruit.

Parent/Guardian Signature

Date

Primary Teacher Signature

Date

Cook Signature

Date

Administrator Signature

Date

I would like for my e-mail address to be added to the food allergy subcommittee's listserve.

My e-mail address is _____