



ST. CHRISTINE SCHOOL
CHILD NUTRITION PROGRAM

CHILDREN WITH A FOOD ALLERGY EVALUATION:

PART A		
Student's Name		Age
Name of School	Grade Level	Classroom
Does the child have special dietary needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.		
Yes		No
PART B		
List any dietary restrictions or special diet.		
List any allergies to avoid.		
List foods to be substituted. (acceptable alternatives, must be completed)		
Parent's Signature	Phone	Date:
Physician or Medical Authority's Signature	Phone	Date:

Please return completed form and any supporting documentation to St. Christine School
Attn: Michelle Lydic Lunch Coordinator

Questions? Call Michelle Lydic at 330-792-0438