

St Christine School Food Service

Allergies & Dietary Restrictions

Students Name _____

Date: _____

This form is required. Please complete and return as soon as possible. This information will be shared with the school nurse, food service director and classroom teachers as needed for student safety.

Allergies

Please check all that apply and provide allergen details.

- My child has NO known allergies
 My child has an EpiPen which I will be providing
 My child has the following allergies:
 My child has medication for allergic reaction that I will be providing

Allergen	Reaction & Treatment

- *Parents of students with severe allergies/medical restrictions should expect to coordinate in further detail with the school nurse – a Physicians signature may be required*

Dietary/Food Restriction (Not Allergy Related)

Please indicate any food restrictions you would like us to be aware of.

- My child has NO specific food restrictions
 My child has the following food restrictions:

Foods	Details

Parent Signature _____

Date _____

St Christine School is an equal opportunity provider. All attempts will be made to accommodate students with disabilities whenever possible.