



CAFETERIA ALLERGY/INTOLERANCE ALERT

Please complete **ONLY** if your child has been identified/diagnosed with a food allergy and you want them to be **prohibited** from purchasing the items selected/listed below.

This form will be sent home each year but it remain in effect until otherwise amended and does not have to be completed each school year.

Student Name: _____

School: _____ Homeroom Teacher: _____ Grade: _____

Add to student account

Remove from student account

NOTE: By marking your student with a food allergy it will be completely removed from their diet until further clarification via a completed Medical Statement can be reviewed.

Designate EGG requirement for FOODS: <input type="checkbox"/> Allergen		Designate MILK/DAIRY requirement for FOODS: <input type="checkbox"/> Allergen	
<input type="checkbox"/> No egg to be consumed in any form <input type="checkbox"/> No scrambled/whole egg products <input type="checkbox"/> No egg whites <input type="checkbox"/> Can eat if baked/cooked in foods	<input type="checkbox"/> Other <i>(please specify):</i>	<input type="checkbox"/> No milk to be consumed in any form <input type="checkbox"/> No fluid milk <input type="checkbox"/> No ice cream <input type="checkbox"/> No cheese <input type="checkbox"/> Can eat if baked/cooked in foods	<input type="checkbox"/> Other <i>(please specify):</i>
Designate SOY requirement for FOODS: <input type="checkbox"/> Allergen		Designate WHEAT requirement for FOODS: <input type="checkbox"/> Allergen	
<input type="checkbox"/> No soy consumed in any form <input type="checkbox"/> Allow products with soybean oil	<input type="checkbox"/> Other <i>(please specify):</i>	<input type="checkbox"/> No wheat consumed in any form/Gluten Free Diet	<input type="checkbox"/> Other <i>(please specify):</i>
OTHER) requirements for FOODS: <input type="checkbox"/> Allergen(s) <i>(Please list in space provided below)</i>			
Comments:			

Note: Once an allergen for peanut, tree nut, and/or shellfish has been placed on a student's account the only way for it to be removed will be through written documentation from a licensed medical provider. Requests for allowing products made in facilities with these allergens will need to be documented in writing by a licensed medical physician.

PEANUT requirements for FOODS: <input type="checkbox"/> Allergen	TREE NUT requirements for FOODS: <input type="checkbox"/> Allergen
Comments:	Comments:
SHELLFISH/SEAFOOD requirements for FOODS: <input type="checkbox"/> Allergen <i>(Medical Statement Required)</i>	<p>Please turn over to complete other side of the document</p>
Comments:	



Understand you may receive additional paperwork from your School Nurse and/or School Nutritional Director via email regarding your child's identified food allergy/intolerance(s) as identified on the previous page. In order for us to effectively meet your child's needs, it is **extremely important** for you and your child's physician to complete the additional medical information and return it to the School Nutrition Department. Once the Medical Statement has been returned completed (parent and physician signatures), it may take up to 10 days to accommodate your child's dietary needs. You must provide equitable food substitutions until that time, if required. Please contact your school with any further questions. Thank you!

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Phone # _____ Email: _____

OFFICE USE ONLY

Date Received: _____ Initials: _____

Copy sent to: School Nurse _____ Cafeteria Manager _____ School Nutrition Office _____

Date added/removed from account: _____ Initials: _____

Diet Order Required: Y N

SN Administration Notes: