

Child Nutrition Services
CORONA-NORCO UNIFIED SCHOOL DISTRICT
FOOD INTOLERANCE / ALLERGY ALERT FORM

Date: _____ School: _____

Student Name: _____ ID#: _____ Grade: _____

_____ (Name) _____ (Title) _____ (Signature)

Emergency Contact Name: _____ Emergency Contact Phone #: _____

- Milk Allergy Substitution Request Need Dr. Statement
- Life Threatening

- Data Entered at POS
- Antidote in Office

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