



## CAFETERIA ALLERGY/INTOLERANCE ALERT

Please complete if your child has been identified/diagnosed with a food allergy or intolerance.

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

<b>EGG requirements for FOODS:</b> <input type="checkbox"/> Allergen <input type="checkbox"/> Intolerance <i>(Medical Statement Required)</i>	<b>MILK requirements for FOODS:</b> <input type="checkbox"/> Allergen <input type="checkbox"/> Intolerance <i>(Medical Statement Required)</i>
Comments:	Comments:
<b>PEANUT requirements for FOODS:</b> <input type="checkbox"/> Allergen	<b>TREE NUT requirements for FOODS:</b> <input type="checkbox"/> Allergen
Comments:	Comments:
<b>SOY requirements for FOODS:</b> <input type="checkbox"/> Allergen <input type="checkbox"/> Intolerance <i>(Medical Statement Required)</i>	<b>WHEAT requirements for FOODS:</b> <input type="checkbox"/> Allergen <input type="checkbox"/> Intolerance <i>(Medical Statement Required)</i>
Comments:	Comments:
<b>OTHER) requirements for FOODS:</b> <input type="checkbox"/> Allergen(s) <input type="checkbox"/> Intolerance(s) <i>(Please list in space provided below)</i>	
Comments:	

Understand you may receive additional paperwork from your School Nurse and/or School Nutritional Director regarding your child’s identified food allergy/intolerance(s) as identified above. 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, it may take up to 10 days to accommodate your child’s dietary needs (you must provide equitable 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: \_\_\_\_\_

**\*\*Copies to: School Nurse \_\_\_\_\_ Cafeteria Manager \_\_\_\_\_ School Nutrition Office \_\_\_\_\_**