

FOOD ALLERGY FORM

ATTENTION FAMILIES: WE ARE A NUT FREE SCHOOL

NAME _____ CLASS: 3 Year-Old 4 Year-Old

FOOD (e.g. eggs) _____

What foods **CANNOT** be eaten (e.g. deviled eggs, egg salad, hard boiled eggs) _____

What foods **CAN** be eaten (if at all) (e.g. ice cream, when baked in breads, muffins, etc.)

Reaction if exposed to this food: _____

Parent Signature: _____ Date: _____