



FOOD ALLERGY FORM

Attention families: we are a nut free school

NAME: _____

FOOD ALLERGY (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:

Food SENSITIVITY (e.g. dairy): _____

Please list food to **AVOID** or **LIMIT** and note which (e.g. avoid milk, limit cheese):

Please list any other **dietary restrictions**, including due to religion (e.g. no gelatin, no meat)

Parent Signature: _____ Date: _____