

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:

Parent Signature: _____ Date: _____