

Food Allergies and Intolerances Form

Do not complete this form if the student does not have a food allergy or special dietary need.

Student Name:

Parent or Guardian Name:

Relationship to student:

ANAPHYLAXIS - please attach management plan if its food related.

FOOD ALLERGY/INTOLERANCE(S):

Please attach medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the student's doctor.

FOOD ALLERGY (please circle) and provide an allergen plan from your GP.

| | | |
|---------|-----------|------------------------------|
| Dairy | Fish | Wheat |
| Soy | Shellfish | Other (please specify) _____ |
| Eggs | Sesame | _____ |
| Peanuts | Tree nuts | |

FOOD INTOLERANCE: Please list:

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other): Please attach all medical plans.

Does the student understand the food allergy and what needs to be done to manage it?

Is there any other information you would like to share to help us meet the student's needs?

Parent/Guardian Signature:

Date: