

Allergies

Please complete this form with any allergies and/or food restrictions. If your child does not have any allergies or dietary restrictions, please fill it out and enter NA or Not Applicable on the line.

Name: _____

Allergy: _____

Student's class: _____

Severity of reaction:

Medication:

Please list any foods to be avoided because of religious beliefs:

Parent/Guardian signature: _____

Date: _____