



STUDENT FOOD ALLERGY

Student Name		Parent Name	
School		Address	
Grade		Phone Number	
Teacher		Email	

PLEASE MARK WITH AN "X" IN CHART BELOW:

	Peanuts	wheat	Soy	Milk	Eggs	Gluten	Corn	Tree Nuts	Sesame Seeds	Fish	Shell Fish	Mustard
Allergy												
Sensitivity												
Other Allergies												

Parent Signature: _____ Date: _____