Food Allergy Notification

____ My child has no known allergies.

Please make note of and explain any known food allergy that your child may have including their reaction. Please be specific with the type of allergy. ***(Ex. Dairy Allergy – no milk, but they may have products with milk as an ingredient.)***

Please list any intolerance your child may have to any ingredients. (explain)

Additional Comments:

Circle each Session your child will be attending. Session 1 Session 2 Session 3 Session 4

_____ My child is on the lunch program

(Print Child's Name)

(Parent/Guardian Signature)