



Food Allergy Form

Student Name: _____

Contact Phone: _____

Contact email: _____

My student is allergic/intolerant to:

Fish: Which fish?

How severe-ingest/inhale/on contact

Shellfish: Which shellfish?

How severe-ingest/inhale/on contact

Tree Nuts: Which nuts?

How severe-ingest/inhale/on contact

Peanuts: How severe-ingest/inhale/on contact

All Dairy: How severe-ingest/inhale/on contact

Is it an allergy or an intolerance?

Wheat: Do you have a Wheat Allergy or Celiac Disease?

Soy: How severe-ingest/inhale/on contact

Does your child require an Epi Pen? Yes ___ No ___

Please list any additional allergies and anything else you would like us to know.
