



September 2022

Dear Parent/Guardian,

Please take a moment to fill out and return this form to your child's teacher. A copy of this document will be forwarded to the nurse.

Child's Name: _____ Class: _____

Parent Name: _____ Telephone: _____

Parent/Guardian Signature: _____

Please list any food allergies that your child may have. If none, please write "NONE".

Please list any food restrictions your child may have (i.e. Beef, pork, etc.). If not applicable, please write "NONE".

Thank you for your cooperation!