

Name: _____ Date: _____ Class Hour: _____

Student Food Allergy (Reaction) Form

My son/daughter (circle) _____
does not have any food allergies or reactions.

Parent / Guardian Signature: _____ Date _____

My son/daughter (circle) _____
has the following food allergies or reactions:

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Contact Information

Print Name:

Phone #1:

Phone #1:

Email Information:

Teacher's Signature: _____ Return Date: _____

Class Hour: _____ Grade Level: _____