

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: \_\_\_\_\_