

NOTICE OF FOOD ALLERGY, MEDICATION & ILLNESS

All event participants must have a signed Notice of Food Allergy, Medication and Illness on file.

A. FOOD ALLERGIES

No, I do not have any food allergies. Yes, I have food allergies.

List food allergies or relevant dietary restrictions:

List any available dietary substitutions or preferences (e.g. vegetarian, non-dairy, etc.):

B. MEDICATION

No, I am not currently taking any medication. Yes, I am currently taking medication.

If yes, please list any current medication:

C. ILLNESS

Have you recently suffered from or are you currently suffering from any illness? No Yes

List any current or recent illness:

D. SIGNATURE

Student's name: _____
(Please print)

Student's signature: _____

Parent/Guardian's name: _____
(Please print)

Parent/Guardian's signature: _____

Parent/Guardian's primary phone: _____

Date: _____