All students must complete section A and have a signed food allergy notice on file to participate.

SECTION A: NOTICE OF FOOD ALLERGY OR DIETARY RESTRICTION

☐ YES, I have a food allergy or dietary restriction.
   Please complete section B below, detailing any food allergies or dietary restrictions.

☐ NO, I do not have a food allergy or dietary restriction.
   Please sign below, confirming you are free of any food allergies or dietary restrictions.

SECTION B: DESCRIPTION OF ALLERGY OR DIETARY RESTRICTION

List any food allergies:
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

List any dietary restrictions:
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Student’s full name ________________________________________________
Signature ________________________________________________________ Date____________________

Parent/Guardian’s name __________________________________________ Primary phone __________________
Signature ______________________________________________________ Date____________________