

Student Information Form Food Allergy or Intolerance

To be completed by PARENT/GUARDIAN and SCHOOL NURSE

STUDENT INFORMATION	Last Name:	First Name:	Middle Name:	Date of Birth
	School:		Grade	NutriKids ID#
SELECT the school food program in which the student will participate:	<input type="radio"/> National School Breakfast Program <input type="radio"/> National School Lunch Program			
PARENT/GUARDIAN CONTACT INFORMATION	Printed Name of PARENT/GUARDIAN:			
	Mailing Address:		City:	State: Zip Code:
	Work Phone:	Home Phone:	Mobile Phone:	Email:
Please describe the concerns you have about your student's nutritional needs at school:				
Please describe the concerns you have about your student's ability to safely participate in mealtime at school:				
1. Interested in participating in the school lunch/breakfast program and would like a meeting to review ingredient labels.			<input type="checkbox"/>	Please select one of the lunch participation choices
2. Interested in participating in the school lunch/breakfast program but parent declined meeting to review ingredient labels and has been informed of risks.			<input type="checkbox"/>	
3. Not interested in participating in the school lunch/breakfast program.			<input type="checkbox"/>	
PARENT/GUARDIAN Consent	<input type="checkbox"/> I agree to allow my child's health care provider and school personnel to communicate as needed regarding the information on this form. <input type="checkbox"/> Parent has been informed of risks, policies, and procedures.			
	Parent/Guardian Signature:			Date:
Please provide a completed Medical Statement with signatures from both parent/guardian and medical authority to the nurse at the school your child attends.				

STUDENT NAME:

NUTRIKIDS ID#:

To be completed by PARENT/GUARDIAN and SCHOOL NURSE

Is this a Food Allergy?

☐ YES☐ NO

Is this a Food Intolerance?

☐ YES☐ NOOther? _____ ☐ YES ☐ NO

If student has life threatening allergies* check appropriate box(es):

☐ Ingestion☐ Contact☐ Inhalation

Specify any dietary restrictions or special diet instructions for accommodating this student in school meals:

For *any* special diet, list specific foods to be omitted.

(You may attach a separate care plan)

Foods to be Omitted

Suggested Substitution

Foods to be Omitted

Suggested Substitution

To be completed by School Nutrition Administrator

School Nutrition Administrator's Signature:

School Nutrition Administrator's Printed Name:

Date:

NOTES from School Nutrition or other School Program Staff

Printed name of person completing this form

Position

Phone Number

Date

()

Send copies to:

☐ Food Service Office☐ School Café☐ Parent☐ School Nurse☐ Elem. Teacher