

**FOOD/DRINK ALLERGY INFORMATION  
2005 - 2006**

Please fill out the following information if your child has a food or drink allergy.

My child has a food or drink allergy to the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has special dietary information and/or directions that need to be followed, a form must be filled out by your child's doctor. Please contact the office to receive this form.

CHILD'S NAME \_\_\_\_\_ HOME ROOM \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**FOOD/DRINK ALLERGY INFORMATION  
2005 - 2006**

Please fill out the following information if your child has a food or drink allergy.

My child has a food or drink allergy to the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has special dietary information and/or directions that need to be followed, a form must be filled out by your child's doctor. Please contact the office to receive this form.

CHILD'S NAME \_\_\_\_\_ HOME ROOM \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_