

# FOOD ALLERGY CLARIFICATION FORM

Name of Student: \_\_\_\_\_

School Attending: \_\_\_\_\_

Parent/Guardian Name and Contact Information: \_\_\_\_\_

\_\_\_\_\_

Allergen: \_\_\_\_\_

Meals or Snacks to be eaten at School:

Breakfast

Lunch

Snack

Date Meal Substitutions to Begin: \_\_\_\_\_

**Specific Foods to be Omitted or Substituted**

Foods to be Omitted:

Foods to be Substituted:

Other Dietary Modification or Additional Information:

Plan: