

FOOD ALLERGY FORM AND PARENT CONTACT INFORMATION REQUESTED

Does your child have any food allergies? To protect your children (our customers), we are asking parents of children with food allergies to fill out this form and return to your child's school. Please tell us what types of foods your child is allergic to. We will keep this form on file and safeguard your child from being offered something he/she should not have.

Student Name: _____

Food Allergy: _____

Type of reaction to allergy: _____

Example of the type of food this particular product is in:

Parent signature: _____

Mailing Address: _____

Daytime phone number: _____

Email Address: _____

Leonard ISD Child Nutrition Department is striving to be the best we can be to promote good health and good eating habits and safety of your children. Thank you.

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