

Food Allergy Form

*Completion of this form is necessary **only** if participant has a food allergy. We try to accommodate all allergy and dietary restrictions, but are unable to provide fully customized meals for students with preference (vegetarians, vegans, etc.). All meals have multiple options and students with specific dietary preferences will be able to find food to eat but may also bring (nut free) snacks to supplement their meals.*

Name: _____

Event: _____

Please check any that apply:

Allergy To: Dairy Wheat Eggs Peanuts Tree Nuts Other: (Please list below)

Does your student have an Epi Pen? Yes _____ No _____

Physician: _____ Phone #: _____

Emergency Contact Name: _____

Phone #: _____

Special instructions in case of allergic reaction:
