



Allergy/Food Exemption Form

My child, _____ is allergic to _____.

Medications that he/she uses are _____.

Medical documentation is attached _____.

My child, _____ cannot eat the following foods due to:

_____ Religious Practices

_____ Medical Restrictions*

(please attach documentation)

Specific Foods:

*Parents need to provide written instructions from a physician including the basis for and the particular elements of the diet being prescribed.

Parent/Guardian signature

Date