

Student Food Allergies and Preferences Form 2020-2021

**Please return this form to the East Dallas front office *before* August 13.
(924 Wayne Street)**

Food Allergies

My child has a diagnosed food allergy or sensitivity: **YES / NO**

Foods Allergic To: _____

I have attached a doctor's verification of this allergy/sensitivity: **YES / NO**

(You must have a doctor's note about food allergies if child will be eating our meals. It cannot be an allergy test result; it must be a clear list of the items to which your child is allergic, signed by the doctor.)

Dietary Preferences

My child and/or family has dietary preferences: (Please specify, in case we can support these preferences in our meal program. We cannot guarantee that we can support all preferences that are an exception to the normal food offerings.)

Dietary Preferences: _____

Parent's Signature: _____ **Date:** _____

Student's Name: _____

Campus (East Dallas or Lindsley Park): _____

Parent's Printed Name: _____ **Phone Number:** _____

Parent's Email Address: _____