

Lumin Student Food Allergies and Preferences Form 2021-2022

Even if your child will not be eating our meals, we need to know if they have allergies so that we do not feed them a snack that will make them ill.

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: _____

Student's Name: _____

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____

Note:

- Drop it off at the front office of your child's school
- Scan and email the completed form to Kathy.Jones@LuminEducation.org