

**2022-23 LUMIN EDUCATION
MEAL ORDER AND FOOD ALLERGIES AND PREFERENCES**

Student's Full Name

Date of Birth

Parent Full Name

Home Phone/Cell

Email

Campus

Meal Order Form 2022-2023

Breakfast ONLY: It's a healthy breakfast with low-fat milk, 2 fruits, & a whole grain and/or protein item.
Please check the appropriate item below for breakfasts:

- I want my child to receive a Lumin breakfast.
- I do not want my child to receive a Lumin breakfast.

Food Allergies and Preferences Form 2022-2023

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: _____

Parent Signature: _____

Date: _____