



Allergies* / Sensitivities / Preferences

Please take a moment to fill out the allergy/sensitivity form (check all that apply). If your child has an allergy OR sensitivity please

*** All known children's allergies must be documented and have a doctor's note in child's classroom and in children's file**

Name of child _____

No known allergies/sensitivities No food preferences

Yes my child is allergic/sensitive/has a food preference (circle all that apply) to the following foods _____

vegan vegetarian

Parent/ Guardian Signature _____