



Summer School Nutritious Snack Program Registration and Allergy Form

(PLEASE CHECK THE APPROPRIATE BOX, CLEARLY PRINT THE INFORMATION NEEDED AND SIGN/DATE THE BOTTOM OF THIS FORM)

I _____ agree to let _____
Parent/Guardian Name Student Name

in grade _____ take part in the Summer School Nutritious Snack Program from July 5, 2016 to July 29, 2016.

I _____ do not want _____
Parent/Guardian Name Student Name

in grade _____ to take part in the Summer School Nutritious Snack Program from July 5, 2016 to July 29, 2016. He/she will bring his/her own snack to school.

Food Allergy Alerts:

Please list any special health or dietary concerns for your child by answering the following questions.

1. Does your child have any dietary restrictions?

2. Allergies? Is your child allergic to any food, including nuts or milk/dairy products?

List allergies your child has:

Please check this box if your child has a life-threatening allergy (anaphylaxis) and your child has an Epi-Pen. To keep your child safe, please note that the Epi-Pen must be with your child at all times.

PHONE NUMBER TO CALL FOR EMERGENCIES: _____

Signature of Parent/Guardian

Date