**MEDICAL AWARENESS AND DIETARY RESTRICTIONS SUMMARY**

**School**: **Date of visit**: **# of students**: **# of staff**:

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| Name | Medical Allergies and special needs | **Medication carried** | **Special Dietary needs and Food Allergies \*** |
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| **\***In the case of strict religious or vegetarian diets, please give as many details as possible. |

- Summarize information from student medical forms. Note: dislike of certain foods does not constitute an allergy.

- Include teacher dietary needs.