

MEDICAL REFERRAL FORM FOR MODIFIED SCHOOL MEALS

Christian Academy School System -

This form is to be completed and maintained for each student with food allergies and kept with the student's records at the school cafeteria (even if your student is not planning to make any purchases in the school cafeteria).

TO BE COMPLETED BY PARENT/GUARDIAN

Date _____

Student _____

Lunch PIN _____

Teacher _____

Parent/Guardian _____

Phone _____

Address _____ Zip _____

Please Circle Allergy:

Peanuts Tree Nuts Dairy Egg

Soy Seafood Shellfish Wheat

Other _____

What additional allergy assistance/consideration does your child require?

Note to Parent/Guardian: Please sign below and return this form to the school Cafeteria Manager. Your prompt attention and assistance is appreciated.

Signature _____ Date _____