

Snack Requirements for Food Allergy Students

Please return this form to The Village School Health Office if your child has a documented food allergy. This form will be in effect for the duration of the school year.

Name _____

Class: _____

I have provided The Village School with information regarding my child's food allergies.

I want my child _____ to be served **ONLY** the snack I have provided.

I have provided The Village School with information regarding my child's food allergies.

My child _____ **MAY** eat the community snack if the snack does not contain and/or the packaging does not indicate the allergen specified on my child's medical forms.

*All decisions regarding product content will be based on product labeling. Homemade snacks will not be served to children with food allergies as the school cannot guarantee their preparation.

Parent/Guardian Signature _____

Date _____