



## Student Nutrition History

To be completed by parent/guardian

Student Name: \_\_\_\_\_

### 1) Does your child have any of the following:

- No    Yes      Food allergies diagnosed by a medical professional: \_\_\_\_\_
- No    Yes      If yes, are any of them life threatening, requiring an epi-pen? \_\_\_\_\_
- No    Yes      Food sensitivities not diagnosed by a medical professional: \_\_\_\_\_

### 2) Does your child have lactose intolerance? (If no, skip to question 3)

- No    Yes      Is the lactose intolerance diagnosed by a medical professional?
- What does your child drink in place of cow's milk? ECEAP provides lactose free milk unless there is a medical prescription requiring a special type of milk. \_\_\_\_\_
- No    Yes      Does your child tolerate regular cheese and/or yogurt?

### 3) Special diets (ECEAP does not serve pork products)

- No    Yes      Does your child eat a special diet due to a medical concern? \_\_\_\_\_
- No    Yes      Do you avoid feeding your child certain foods for personal reasons? \_\_\_\_\_
- No    Yes      Do you avoid feeding your child certain foods for religious reasons? \_\_\_\_\_
- No    Yes      Are beef, chicken, and turkey okay?

Is there any additional information you think ECEAP staff might need to know about your child's health & nutrition? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This information is considered confidential. It will be shared with school staff as needed during the time your child is enrolled in the Kennewick School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.*