

FOOD REQUEST FORM
MONTICELLO PUBLIC SCHOOLS HEALTH SERVICES

Person making request: _____ Grade/Teacher: ____/_____

Food to be used/consumed: _____

Purpose for food being brought into classroom: _____

Request (circle one): Grade Level OR Individual Classroom

This portion to be completed by staff member:

Students in **classroom** with the following food allergies (check all that apply):

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Nut/Peanut | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Other: _____ |

Students in **grade level** with the following food allergies (check all that apply):

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Nut/Peanut | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Other: _____ |

Student(s) in classroom or grade level with a diabetic or other medical condition, other than food allergies, related to food: _____

Expiration dates of all food items brought to school will be checked by teacher/staff member bringing it in (please circle one): Yes No

Employee Signature: _____ Date: _____

Date copy given to Health Office: _____