



FOOD ALLERGY AND MEDICAL CONDITION (2023-2024)

PLEASE COMPLETE AND RETURN TO:

Mail: Stamford Public Schools
Attn. Chartwells K12
888 Washington Blvd. 3rd fl.
Stamford, CT 06901

Email: KSmith4@StamfordCT.gov

Fax: (203) 977-4769

Full name of student: _____

Grade Level: _____ School: _____

Documented Food Allergy(s) and Medical Conditions: _____

Foods and Ingredients to omit as a result of food allergy(s) and medical conditions: _____

Is a food substitution or modified menu required? YES NO

As per Chartwells protocol, reasonable modifications can begin once this form along with a written request signed by the student's physician or medical provider stating the food allergy(s) and/or need for meal modifications is received by Chartwells.

Parent/Caregiver contact information

Name: _____

Phone: _____

Email: _____