

# FLORIDA STATE UNIVERSITY SCHOOLS

3000 School House Road  
Tallahassee, FL 32311  
Dr. Stacy Chambers, Director

## Food Allergy Notification Form

Part A		
Student's Name	Age	
Name of School Florida State University Schools	Grade	Homeroom Teacher
Does the child have a disability? If <b>yes</b> , please describe the major life activities affected by the disability.	Yes	No
Part B		
List any dietary restrictions.		
List any allergies or food intolerances, if available.		
List a choice of foods that may be used as substitutions, if available.		
Parent's Signature	Date:	
Print Parent Name	Phone:	
Physician's Signature	Date:	
Print Physician's Name	Phone:	

Please return this form to Florida State University Schools' school clinic/nurse's office.