Allergy Form
For Students with Allergies
Winton Woods City Schools
Food Service Department
~ Updated 07/2024~

Please complete the form below—select the left side and/or the right side
~Please return to your child's school nurse. ~

NON- Life Threatening Milk Allergies

Student Name_____

Grade _____ Room _____

School Building_____

Winton Woods City Schools will offer a cup for water as a milk substitution for students with non-life threatening milk allergies.

Can student have cheese? Y N

Can student have foods that contain milk as an ingredient? Y N

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Date Signed_____

Parent Phone_____

Date to begin substitution_____

Date to discontinue substitution_____

Students are welcome to bring their own drink from home. In the case that your student does not want a water option there will still be juice available for purchase

Does your child have any other food allergies?
List on back of this paper.

Life-Threatening Milk Allergies

Student Name_____

Grade _____ Room _____

School Building_____

Please have the child's physician complete this section:

This student has a life-threatening allergy to _____
and cannot consume regular milk with meals.

Can student have cheese? Y N

Can student have foods that contain milk as an ingredient? Y N

_____

Physician's Name (Print) _____

Physician's Signature _____

Physician's Phone Number_____

Date to Begin Substitution _____

Date to Discontinue _____

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Phone Number_____

The Institution is an equal opportunity provider.

Does your child have Allergies to:
Check all that apply:

- ☐ eggs
- ☐ nuts
- ☐ fish
- ☐ crustaceans
- ☐ shellfish
- ☐ wheat
- ☐ soy
- ☐ sesame
- ☐ gluten
- ☐ Other: _____

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