



CONCORD ROAD
ELEMENTARY SCHOOL

Cafeteria – Allergy Seating Information Form
(Complete **ONLY** if your child has an allergy)

Student's Name _____

Student's Teacher _____

Parent/Guardian Name _____

Parent/Guardian Cell Phone Number _____

Parent/Guardian Email _____

Known Allergies ONLY _____

Due to my child's food allergies, I hereby request to have my child sit at a designated food allergy table during lunch.

Yes No

Due to my child's food allergies, I hereby request to have my child use a generic placement to be used at any table.

Yes No

My child can sit at any table.

Yes No

Parent/Guardian Signature _____

Date: _____