

# Food Allergies/Restrictions For Cafeteria Use Only

Your student's dietary information will be entered into our cafeteria computer system and an ALERT will pop up on the screen as soon as your student enters their PIN number. This alerts our cafeteria staff right away to your student's **confidential** food allergies or restrictions.

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Student ID # \_\_\_\_\_ School \_\_\_\_\_

## **Food Allergies – None** \_\_\_\_\_

Peanut  Tree Nut  Fish  Shellfish

Dairy Products (ice cream, cheese, string cheese, sour cream, yogurt)

Soy

Wheat or gluten products (Celiac Disease)

Eggs

Eggs- No whole eggs, but may eat food with eggs baked in them

Liquid Milk—**Water is available if your child cannot drink liquid milk.**

If the Child Nutrition Dept. receives a note from your child's physician noting an allergy to liquid milk, the note must indicate the **prescribed substitution** for liquid milk.

Other Food Allergy \_\_\_\_\_

## **Dietary or Purchasing Restrictions (Not Allergies) - None** \_\_\_\_\_

No Pork  No Pork Gelatin  Vegetarian (no meat)

Other \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to your student's school or mail to Gahanna Jefferson Schools Child Nutrition Department, 160 S. Hamilton Rd. Gahanna, OH 43230. Call the Office of Child Nutrition at 614-478-5531 if you have other cafeteria-specific questions. Fax 614-478-5568.**