

Portland Christian School Medical Release Form for Student's with Food Allergies

This form is to be completed and maintained for each student with food allergies and kept with the student's records at the school cafeteria (even if your student is not planning to make any purchases in the school cafeteria).

TO BE COMPLETED BY PARENT/GUARDIAN

Date _____

Student _____ Grade _____

Parent/Guardian _____ Phone _____

Address _____ Zip _____

Please Circle Allergy:

Peanuts Tree Nuts Dairy Egg Soy Seafood Shellfish Wheat

Other _____

What is the special diet or meal modification you are requesting for your child?

What additional assistance/consideration does your child require? _____

Note to Parent/Guardian: Please sign below and return this form to the Food Service Director, Lisa Cyrus. Your prompt attention and assistance is appreciated.

Signature of Parent/Guardian Date