



Nutrition Services
2455 Carmichael Drive
Chico, CA 95928
(530) 891-3021
Fax: (530) 891-3206

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NEW STUDENT ALLERGY FORM

SCHOOL: _____ DATE/SCHOOL YEAR: _____

STUDENT NAME: _____

PARENT(S) NAME: _____ PHONE #: _____

ALLERGY DESCRIPTION: _____

DR. NAME: _____ DR. PHONE #: _____

ALLERGY FORM SIGNED BY DR: YES _____ NO _____

TEACHER NAME & CLASSROOM: _____

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SITE PERSONNEL ONLY

DELIVERED TO KITCHEN MANAGER: _____ YES _____ DATE: _____

DELIVERED BY: _____

ALLERGY NOTE FROM DR. RECEIVED: YES _____ NO _____

NOTES: _____