

DENVER CITY ISD

Kelley/Dodson Student Health Services,
Telephone: (806) 592-6072
FAX: (806) 592-5929

GRAVITT/HS Student Health Services
(806) 592-5956
(806) 592-5949

For CN Office purposes only:

Date received: _____

Date in POS: _____

Initialed by: _____

Notes: _____

2018-2019 Student Food Allergy/ Intolerance Form

PARENT/GUARDIAN: This form serves is an “awareness” document only. Information recorded below will be shared with only those staff members that have an educational “need to know” about your child’s food allergy. Dietary accommodations are not required to be made as a result of completing this form. If your child has a disability that requires a special dietary accommodation, you **MUST** complete the Special Dietary Accommodation Form. Copies of this form can be obtained from your campus school nurse.

Student Name: _____	Campus: _____
Date of Birth: _____ Grade: _____	Homeroom Teacher: _____
Special Diet or Dietary Restrictions:	
Food Allergies or Intolerances:	
Food: _____	Reaction to Food: _____
Food: _____	Reaction to Food: _____
Food: _____	Reaction to Food: _____
Food: _____	Reaction to Food: _____
Comments:	
Physician Information:	
Name: _____	
Telephone #: _____	Fax #: _____
Name of Person to be Contacted in an Emergency: _____	
Home #: _____	Work #: _____ Cell #: _____
Parent Signature: _____	Date: _____
Signature of Campus Nurse: _____	Date: _____
Campus Nurse email address: _____	
Signature of Cafeteria Manager: _____	Date: _____
Signature of Homeroom Teacher: _____	Date: _____
Signature of Child Nutrition Director: _____	Date: _____