

Food Allergy Information Form- NHS Eagle Pride

Students Name: _____ Date: _____

Parent's Name: _____ Phone(if questions) _____

Please place and X next to the food allergy or sensitivity your child has:

___ Peanuts

___ Tree Nuts

___ Gluten

___ Dairy

___ Meat

Please provide any additional dietary restrictions that the chaperones and the Travel agency need to be aware of for proper planning purposes.
