## **School Cafeteria Allergen Communication Form**

| Student Name                             |
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| Grade                                    |
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| Parent/Guardian Name                     |
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| Contact Information                      |
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|  |
| Known Allergens                          |
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|  |
| Typical Reaction/Symptoms                |
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| Special Instructions for Cafeteria Staff |
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| Physician Name (if applicable)           |
|  |
|  |
| Date                                     |
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