

School Lunch Allergy Declaration Form

Student Name

Grade/Class

Date of Birth

Parent/Guardian Name

Contact Number

Allergy Information

List all known food allergies

Type of Allergic Reaction (select all that apply)

☐ Rash/hives ☐ Swelling ☐ Breathing problems ☐ Anaphylaxis ☐ Other

If other, please specify

Treatment Instructions (e.g., medication, epinephrine, etc.)

Additional Notes