

Gahanna Jefferson Schools Child Nutrition Services

Food Allergies and Restrictions Form

Student Name _____ Student ID _____
School _____ Date Completed _____
Form Completed By _____ Relationship to Student _____

Dietary Restrictions (Not Allergies) None _____

- No pork No pork gelatin Vegetarian
 - No Dairy Products (ice cream, cheese, string cheese, yogurt, sour cream)
 - No Liquid Milk (water is available if your child cannot drink liquid milk)
 - No Wheat/Gluten
 - No Eggs
 - No Eggs (may eat food with eggs baked in)
 - Other Dietary Restrictions
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Purchasing Restrictions (ex. May purchase plate lunch only, May purchase snacks with cash only, etc)

Food/Liquid Milk Allergies None _____

If your child requires a food be omitted and a substitution for the omitted item, please attach a doctor's note that identifies the medical or special dietary condition including the food/milk to be omitted and the **specific substitution.**

List **Food** Allergies:

Please return this form to your student's school or mail to Gahanna Jefferson Schools Child Nutrition Department, 160 S. Hamilton Road, Gahanna, OH 43230. Call the Office of Child Nutrition at 614.478.5531 if you have other cafeteria-specific question. Fax # 614.478.5568