**GRANVILLE EXEMPTED VILLAGE SCHOOLS**

**SCHOOL HEALTH SERVICES**

**FOOD SERVICE - FOOD ALLERGY NOTIFICATON**

**STUDENT’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S SCHOOL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TEACHER**\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **LIST ANY ALLERGIES OR FOOD INTOLERANCES TO AVOID** | **LIST FOODS TO BE SUBSTITUTED:** |
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**OTHER COMMENTS ABOUT THE STUDENT’S FOOD ALLERGY/INTOLERANCES:**

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Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature Date