

Food Allergy/Parental Limitation Statement

If your child has any food allergies that you would like for the food service department to note on their account or if you would like to put restrictions on their meal account please complete the information below. This information may be changed during the school year by contacting the food service department.

Part 1 - Student Information

Student's First Name

Student's Last Name

School

Part 2 - Food Allergies

This student has a **food allergy** to
Please check all that apply

Peanuts

Milk

Red Dye

Eggs

Fish

Soy

Shellfish

Wheat

Other - please specify

Part 3 - Account Limitations

List any account restrictions you would like place on your childs account.
(i.e. snacks only on Friday or cannot charge to account only pay by cash/check)

Parent Name _____ Date _____

Parent Signature _____ Date _____

Please submit completed form to: Colonial Heights Food Service Administrator
3451 Conduit Road, Colonial Heights, VA 23834
Phone: 804-524-3453 Fax: 804-520-7622