



## Dietary Information: Teacher and Adult Volunteers

In order to satisfy your dietary requirements, please fill out Allergy Section entirely and the relevant sections that follow as completely as possible. You may add additional information as needed.

Name : \_\_\_\_\_ Male  Female

School Attending : \_\_\_\_\_ Dates Attending: \_\_\_\_\_ to \_\_\_\_\_20

### Food Allergies

I have NO food Allergies .....  Correct> go to next section

I am Allergic to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Trace amounts okay?... Complete for each allergy ..... Yes  No

In baking okay?..... Yes  No

Life Threatening?..... Yes  No

Epi Pen Required?..... Yes  No

Okay if label states that product "May contain trace amounts" of product?..... Yes  No

Okay if a label states "Made in a factory that uses" product?..... Yes  No

Medications sent in case of contact (also fill out reverse section "Medications")..... Yes  No

### Lactose Intolerant

I am NOT Lactose Intolerance .....  Correct> go to next section

Small amounts okay?..... Yes  No

Dairy in baking okay?..... Yes  No

Cheese okay?..... Yes  No

Ice Cream okay?..... Yes  No

\* Please note we have milk alternatives (soy, rice)

### Other Special Diets

I have NO other Special Diet restrictions .....  Correct> please sign below

Lacto ovo vegetarian (no meat or fish, but eggs and dairy are okay)..... Yes  No

Lacto vegetarian (no meat, fish or eggs, but dairy is okay)..... Yes  No

Vegan (no meat, fish, eggs, dairy or animal product: honey, gelatin etc.)..... Yes  No

Pescatarian (no meat but fish, eggs and dairy are okay)..... Yes  No

Gluten free (no wheat products or ingredients with gluten)..... Yes  No

Celiac disease ..... Yes  No

Other (please handwrite below).....see below

Additional food you will bring to supplement diet: .....

Other dietary restrictions and additional comments:.....

Signature: \_\_\_\_\_ Date: \_\_\_\_\_