

Food Allergy Form

Student Information

Full name _____

Program _____

Campus _____

Allergies

If you have any of the allergies listed below, please check them off. If you have an allergy that is not listed, please complete the "Other" option.

- Dairy
- Eggs
- Tree nuts
- Peanuts
- Shellfish
- Wheat
- Soy
- Fish
- Other _____

Despite completing this form, please ensure you ask our cooks each day what is in the dishes served.

In Case of Emergency

Full name _____

Phone number _____