

Food Allergen Form

Student's Name _____

Tell us about your dish:

Allergen information: please check all that apply

This contains:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Milk | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Shellfish | <input type="checkbox"/> Soy |