

Food and Nutrition Services

Student Food Allergy Disclosure

If your child has a food allergy that should be disclosed to Meriden Public Schools, please fill out this form. If your child has an allergy to shellfish there is no need to complete this form. Shellfish will not be served in the Meriden Public Schools. Student Name (please print): _____ Phone Number:

School: _	Student ID Number
Please ar	nswer the following questions regarding your child's allergies.
1.	MILK: Does your child have an allergy to milk or dairy product (cheese, yogurt, etc)? Circle one: Yes or No If no, skip to question 2. If yes, continue on the questions below. O Does your child have a dairy allergy, Circle one: Yes or No If yes, please list foods:
	o Does your child have lactose intolerance, Circle one: Yes or No If yes, please list foods:
	o If allergy to milk can they have Lactaid (lactose free milk)? Circle one: Yes or No
	o Can your child have cheese, yogurt or ice cream? Circle one: Yes or No
	 Can your child have dairy if it is baked as an ingredient into foods – such as milk as an ingredient in breads or chicken breading? Circle one: Yes or No
2.	SOY: Does your child have an allergy to soy? Circle one: Yes or No
	If no, skip to question 3. If yes, answer the question below.
	o If yes, can your child have soy bean oil as an ingredient in foods? Circle one: Yes or No
3.	EGGS: Does your child have an allergy to eggs? Circle one: Yes No If no, skip to question 4. If yes, answer the question below.
	o If yes, can your child have eggs baked as in ingredient into foods – such as eggs as an ingredient in pasta or dough? Circle one: Yes or No
4.	FRUIT: Does your child have an allergy to fruit? If yes, please list: If no, skip to question 5.
	 If yes, can your child have fresh fruit? Circle one: Yes No Can your child have fruit in items such as yogurt, nutrigrain bar or poptarts? Circle one: Yes No
5.	NUTS: Does your child have an allergy to peanuts/tree nuts? Circle one: Yes No o If yes, please list nut allergies:
6.	Does your child have any other food allergies we should know about? If yes, please list:
Parent Na	ame (Please Print) Date
Parent Si	gnature

atement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA roon Discrimination statement. In accordance with repeat a ward U.S. Department of Agriculture (USDA) (vit) inguis regulations and policies, the USDA, its Agencies, Oilices, and employees, and institutions participating in or administrancy USDA programs are probabilised from discriminating based on race, color, rational origin, sex, disability, age, or reprisal or retaliation for prior civil rights a twivity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in flanguages other than English. To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u> (AD-3027) found online at: https://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA of fiftie, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To requise a copy of the Complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by. (1) mill: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, (2) fax: (202) 690-7442 (3) email: program intake@usda.gov This institution is an equal opportunity provider