



## 2022-2023 Meal Plan Allergy Form

Student Name: \_\_\_\_\_

Parent and/or Guardian: \_\_\_\_\_

Contact Number(s):  
\_\_\_\_\_  
\_\_\_\_\_

Email(s):  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** (Note: The Hill Academy and its environment is **NOT** a nut free environment. All efforts will be made to prepare foods specific to your child's needs).

This is to declare that my child has the following food allergies and carries the following for such allergy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Epi-pen ☐

Benadryl ☐

Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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