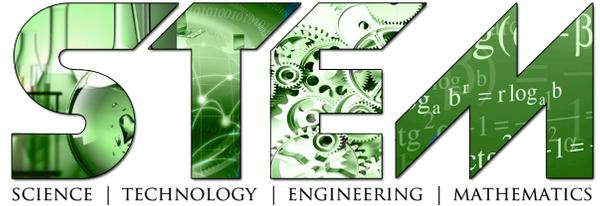


**District 205  
Summer Stem Workshops  
Food Allergies Form:**



**PARTICIPANT INFORMATION:**

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

Age: \_\_\_\_\_ Sex: M or F Birth Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**\*FOOD ALLERGY (S)/INTOLERANCES:**

***Please provide medical documentation describing the dietary restrictions due to the food allergy and/or intolerance, from the Student's Physician.***

Circle **all** that apply:

Peanut    Wheat    Gluten    Dairy    Shellfish    Soy    Eggs  
Tree nuts    Other (please list):

Other Special Diet needs or restrictions (i.e., Diabetes, other):

**Food Allergy Disclaimer**

*District 205 Dining Services makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our food production staff on the severity of food allergies. In addition, we label items with possible allergen-containing ingredients; however, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. Customers concerned with food allergies need to be aware of this risk. Dining Services will not assume any liability for adverse reactions to foods consumed, or items one may come in contact with while eating at any District 205 establishment. Students with food allergies are encouraged to contact District 205 at 708.225.4000 for additional information and/or support.*

**OVER →**

## Food Allergy Questionnaire

*Please answer the following questions to better help us with you needs:*

1. What food(s) is the student intolerant or allergic to? Please list foods that are to be avoided (dairy, gluten nuts, soy, eggs etc):

2. What types of contact will cause a reaction? Circle and explain:

Airborne      Actual ingestion of food      Contact with skin

Other

Please explain:

3. Does the student understand the food allergy and what needs to be done to manage it?

4. Has the student ever eaten meals outside the home? If yes, how were the meals handled?

5. Is there any other information you would like to share to help us meet the student's needs (i.e. required medications, special dietary needs)?

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Signature:

Parent/Guardian \_\_\_\_\_

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