



Burlington School Food Project SUMMER MEALS - Food Allergy Information

Current Date: _____

Program Attending: _____

Dates of attendance: _____

Child Name: _____

Parent/Guardian Name: _____

Contact Information: Phone: _____

Email: _____

Food Allergy/Intolerance:

Circle all that apply:

Peanut Gluten Dairy Shellfish Soy Fish Tree Nuts Sesame

Please have this form signed by a licensed medical professional if the child has a food allergy/intolerance.

Medical Professional signature: _____

Date: _____

Medical Professional printed name: _____

Please return form to your camp/program director. The form can be sent to the Burlington School District Executive Chef, Shannon Anderson.

sanderso@bsdvt.org