

**Nutrition Department**  
**School Special Diet & Allergy Information Form**

Please complete and send to Director of nutrition [jamelle.boyer@utopianacademy.com](mailto:jamelle.boyer@utopianacademy.com)



Student Information	Parent/Guardian Information
Full Name of Student: _____	Name of Parent/Guardian: _____
Grade/Campus: _____	_____
Date of Birth: _____	Phone Number: _____
Gender: _____	Email Address: _____
	Emergency Contact (Name & Number): _____
	_____

Health & Allergy Information
Does the student have any food allergies or intolerances? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the specific food(s) the student is allergic to: _____ _____
<b>Severity of Allergy</b> <input type="checkbox"/> Mild (itching, rash) <input type="checkbox"/> Moderate (swelling, difficulty swallowing) <input type="checkbox"/> Severe (anaphylactic reaction, requires emergency intervention)
<b>Dietary Preferences or Restrictions</b> <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-Free <input type="checkbox"/> Dairy-Free <input type="checkbox"/> Other (please specify): _____
<b>Medication or Emergency Care</b> Does the student require any medications or carry an epinephrine auto-injector (e.g., EpiPen)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of medication and dosage: _____

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*In case of an allergic reaction, should the school take the following steps?*

☐ Administer epinephrine

☐ Call 911

☐ Other (please specify): \_\_\_\_\_

**Consent and Acknowledgment**

I, the undersigned, consent to the school providing the necessary accommodations for my child's dietary needs and allergies as detailed above. I understand that it is my responsibility to keep this information up-to-date and notify the school of any changes in my child's health or dietary restrictions.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_