

Jenks Public Schools Child Nutrition Services
Food Avoidance Request Form

Student's Name: _____ ID#: _____

Teacher's Name: _____ School Site: _____

My child has medical documentation to avoid _____.

I have reviewed the nutrition allergen information and request my child **not be allowed** to choose the following items from the cafeteria menu:

_____	_____
_____	_____
_____	_____

These instructions shall remain in effect from: _____ (Date) to _____ (Date)
(Maximum one week)

Parent/Guardian Signature: _____ Date: _____

<http://www.jenksps.org/vnews/display.v/SEC/Parents|Child%20Nutrition>