

Student Dietary Information

Colonial Heights Food Service Department

This form is required to be filled out and signed by the parent/guardian, regardless of the student's allergy status.

Student Information

Student's Name _____

Student's ID _____

Allergy Information

No, my student has no food-related allergies

Yes, my student has food-related allergies:

Peanuts

*Dairy (includes milk, cheese, yogurt)

Wheat

Red dye

Eggs

Shellfish

Fish

Soy

Other — please specify _____

*Non-dairy options available for liquid milk

*Doctor's not may be required

Parent/Guardian Information

Parent/Guardian Signature _____ Date _____

Parent/Guardian Email _____

Parent/Guardian Phone Number _____

If there any alerts you would like to add to your student's account (e.g. snack limits) please contact the Food Service department:

Aaron Roberson — Food Services Director, aaron_roberston@colonialhts.net

Tiffany Brooks — Food Services Administrator, tiffany_brooks@colonialhts.net

Food Services Office — (804) 524-3453

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