



My Allergies											
Name:						-					
Food Allergies											
Allergy	,=					Medica	tion Pre	scribed	 -		
Allergy	•					Medica		Joine			
Natural/Seasonal Allergies											
Allergy:						Medication Prescribed:					
					Anii	mals					
Allergy	 					Medica	tion Pre	scribed	 -		
e. gg	_										
			1		Medic	ations	1		1		I
Allergy	'					Medication Prescribed:					
Physici	ian:										
Addres	s:										
Phone Number:											
Winter	Haven \$	Strives	to serve	only V	EGAN s	nacks fo	or the st	tudents	Each N	/lorning	around
9:30 am a fresh fruit and crunch (pretzels, graham crackers, animal crackers) is served.											
Please chose appropriate response for your child:											
Yes these snacks are fine for my child.											
	No, I w	ill provi	de my c	hild/chi	ldren sc	methin	g appro	priate.			