## Food Allergy Form

**Facility Name**: Saint Scholastic High School

**Student Name**: June Butterfield

**Prepared by**: Mallory Davis

**Date**: 28th Feb, 2020

<table>
<thead>
<tr>
<th>Inspection score</th>
<th>Failed items</th>
<th>Created actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.71%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Complete
Food Allergy Form

Take or Attach Picture of Student

– Photos

Age
7

Birth Date

📅 12th Jun, 2013

Student’s Parent or Guardian Name
Grace Butterfield

Relationship to Student
Mother

Parent’s Contact No. (Work)
3054208222

Parent’s Contact No. (Home)
3057508321

Email
gracebutterfield@gmail.com

Food Allergy / Intolerances

<table>
<thead>
<tr>
<th>Food Allergy</th>
<th>Peanuts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intolerances</td>
<td>Others</td>
</tr>
</tbody>
</table>

Please specify
No intolerances

Other special diet needs or restrictions (i.e., Diabetes, IBS, other)
Avoids food with blood or rarely cooked meat such as blood sausage and blood soup

Dietary Needs Questionnaire

Please answer the following questions to better help us with your needs:

What are the preferred food substitutions, if any? (e.g., soy butter for peanut butter, gluten-free bread, soy milk, etc):

Any food without any ingredient of peanuts should be fine

What types of contact will cause a reaction?

Actual ingestion of food
Please explain

Ingesting food with the slightest trace of peanuts will trigger allergic reactions, making it hard for her to breathe and swell

Does the Student understand the food allergy and what needs to be done to manage it?

Yes

Completion

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Parent/Guardian Signature

Grace Butterfield
28th Feb, 2020 4:10 PM +08
Media summary

Photo 1