



# ! COOK WITH CARE !

Parent/Guardian's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

☐ My child does NOT have any food allergies.

☐ My child has severe food allergies and  
**MUST avoid all of the following:**

*(please check **all** that apply):*

- |                                    |                                    |                                 |
|------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Milk      | <input type="checkbox"/> Wheat  |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Egg    |
| <input type="checkbox"/> Fish      | <input type="checkbox"/> Soy       | <input type="checkbox"/> Sesame |

**Other food allergies/notes for the chef/  
additional children:**

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**Thank you for your help to keep us safe!**