

# 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](mailto:aaron_roberston@colonialhts.net)

**Tiffany Brooks** — Food Services Administrator, [tiffany\\_brooks@colonialhts.net](mailto:tiffany_brooks@colonialhts.net)

Food Services Office — (804) 524-3453

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