

Food Allergy Questionnaire

First Name: _____ Last Name: _____

Do you have a food allergy?

YES (fill out form below, sign and return to Fresh Ideas) NO (initial bottom of page, return to Fresh Ideas)

At Fresh Ideas we strive to accommodate all students with food allergies and will provide meals that are allergy-free to the best of our ability. However, we cannot regulate the environment in which our food is served and produced. Please answer the following questions so we may educate ourselves regarding your allergy.

Please describe your food allergy or food intolerance.

How long have you been dealing with this allergy or intolerance?

Was your food allergy diagnosed by a medical professional?

Do you have medical documentation, such as a Medical Alert bracelet or necklace?

Please describe what happens when you have a reaction.

When was the last time you had an allergic reaction?

Would you like the dining services department to follow up with you?

Yes No

Is the information you provided accurate to the best of your ability? Please sign below that you understand that Fresh Ideas will try to accommodate any food allergies to the best of our ability.

Signature: _____ Date: _____

Email Address: _____