

Lunchroom Table Preference Form

Date: _____

Dear Parents of: _____

For students who have a life-threatening allergy, we will provide an allergen-aware table at lunch. Please sign and return this notice to the Health Office indicating where you would like your child to be seated. If you request an allergen –aware table, staff will reserve a seat for your child at an allergen-free table. If you wish to change your preference, we ask that you send us written notification.

_____ allergen-aware table

_____ regular lunchroom table

Please note that your child will sit at the allergen-aware table until this form is returned.

Sincerely,

Parent Signature

Date