

Springboro Community City Schools Health Services
LUNCHROOM PROCEDURE FOR ALLERGY STUDENTS

Student's Name _____ Today's Date _____

School _____ Grade/Teacher _____

_____ Please allow my child to eat at the assigned homeroom table in the cafeteria during lunch time

_____ I would like my child to eat at the allergy table during lunch time

I, hereby, acknowledge the above procedure to be followed during lunchtime and I agree to notify the school of any changes.

(Parent's/ Guardian signature)

Principal's Signature

Nurse's Signature