



ARIZONA ARTS ACADEMY

Student Food Allergen Form

Child Name:

Child grade:

Child Parent or guardian name:

Food Allergy or Allergies (If any):

Severity of Allergy:

Family physician contact:

Guardian email address:

Guardian home contact number:

Guardian emergency contact number:

Guardian home address:

I hereby certify that I have read and signed this form in order for my child to purchase food articles from the Road Runner Cafe at the Arizona Arts Academy. I understand that if an allergic reaction occurs, the school personnel will be forced to act within my child's health interests such as transporting them to a nearby hospital in the event of an emergency. I therefore understand that with the signing of this document, the Arizona Arts Academy will be void of legal allegations if my child undergoes an allergic reaction by consuming a food which causes a reaction.

Parent Signature: _____