

Allergy Awareness

Cultural Practice

Service Request Form Food Pantry



(916) 870-4056

Child's Name _____

Parent/Guardian _____

Child's Age _____ School: _____

Teacher _____ Grade _____

Food:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* We will only give you items according to your request. Once items are placed in your bag, the bag will be sealed for your safety.

We're trying our best to provide your child with a backpack of items that will meet their nutritional needs. We understand there are often no options for children suffering with food allergies, intolerances or cultural practices.

The red ✓ indicates food that contain these items **will not** be put in your child's backpack.

Preparer's Initials _____

KEEPING KIDS WITH FOOD ALLERGIES SAFE

Love My Life, Inc. TM

FOOD ALLERGIES SAFE

- No Nuts
- No Dairy
- No Soy
- No Chocolate
- No Sugar
- No Wheat
- No Meat
- No Eggs

Sign _____

Date _____