

Child Nutrition Services
CORONA-NORCO UNIFIED SCHOOL DISTRICT
FOOD INTOLERANCE / ALLERGY ALERT FORM

Date: _____ **School:** _____

Student Name: _____ **ID#:** _____ **Grade:** _____

_____ (Name) _____ (Title) _____ (Signature)

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Milk Allergy Substitution Request Need Dr. Statement
Life Threatening

- Data Entered at POS
- Antidote in Office