SACRAMENTO CITY UNIFIELD SCHOOL DISTRICT

**CHILD DEVELOPMENT DEPARTMENT**

**SPECIAL DIETS: 2017-18**

**Food Allergy, Food Sensitivity and Food Preference Chart**

**School/Class:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DateReported | **Child’s Name** | **A / P \***circle one | FOOD TO BE OMITTED | SPECIAL INSTRUCTIONS |
|  |  |  |  |  Refer to Diet Plan |
| A / P |  |  |
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|  |  |  |  |  Refer to Diet Plan |
| A / P |  |  |
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|  |  |  |  |  Refer to Diet Plan |
| A / P |  |  |
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|  |  |  |  |  Refer to Diet Plan |
| A / P |  |  |
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**\*** A: Allergy P: PreferenceRevised: 3/1/2016/CBC