

Child's Name \_\_\_\_\_

**Please complete this form and bring it with you on Monday June 25**



**\*Each Day bring your own water bottle from home!  
Filled only with WATER please no fruit drinks!**

**Monday:**

- Lays original potato chips
- My child may eat this.
- My child may not eat this &
- I will provide **a disposable peanut & nut free snack.**

**Tuesday:**

- Doritos original nacho cheese (dairy)
- My child may eat this.
- My child may not eat this &
- I will provide **a disposable peanut & nut free snack.**

**Wednesday:**

- Gold Fish (dairy & gluten)
- Motts Fruit Snacks
- My child may eat this.
- My child may not eat this & I will provide **a disposable peanut & nut free snack.**

**Thursday:**

- Pringles (gluten)
- Ice pops (Wesley Farms from BJ's)
- My child may eat this.
- My child may not eat this & I will provide **a disposable peanut & nut free snack.**

**Friday:**

- Rice Krispy Treat original bar (dairy)
- Motts Fruit Snacks
- My child may eat this.
- My child may not eat this & I will provide **a disposable peanut & nut free snack.**

<b>Food Allergy Form</b>	
VBS 2018	
Office Use only:	
Group	_____
Number	_____
EpiPen	_____
Notes:	

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Contact Number** \_\_\_\_\_

If you have any questions, please contact:  
**Lisa Tavares - Ltavares@stmatthewcatholic.org - 704-543-7677 x 1187**