



Garden and Nutritional Science Lab Allergy/Restriction Form

Student name: _____

Student Grade Level: _____ Student ID number: _____

Allergy/Restriction Notice

Student is allergic to: _____

Mild

Severe

Reaction: _____

Additional Details: _____

Parent or Guardian name: _____

Parent or Guardian signature: _____

Parent or guardian email address: _____

Date: _____