



**St. Luke's Academy**

**Food Consumption / Omission Form**

**TO BE COMPLETED BY PARENT / GUARDIAN:**

My child / Ward \_\_\_\_\_ In Class : \_\_\_\_\_

**Has no food sensitivities or food allergies and is permitted to consume any food and /or beverage items brought to, or made on school grounds.**

Please select and fill in appropriately below:

**(a) Is not to consume any food items which are not brought to school in their respective lunch box.**

**(b) Is not to consume the following items listed below due to dietary limitations, allergies and or religious beliefs;**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Signed:** \_\_\_\_\_  
**Mother / Female Guardian Signature**

\_\_\_\_\_  
**Father/Male Guardian Signature**

**Dated:** \_\_\_\_\_  
Day / Month / Year