

School :	Page of
**Nursing staff: please give this list to the Food Service Man	nager of your school at the beginning of the school year and as needed.
	Food Service Onl

	Name of Student	Grade	Date of Birth	Teacher's Name	Special Diet or Food Allergy	Rcvd. Date	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Date:\_\_\_\_\_

Form No.: FNS-2324-012 – Student List w/Special Diets and Allergies (SLSDA)

Nurse Signature:\_\_\_\_

New Date: 8/28/23

School: \_\_\_\_\_\_of \_\_\_\_of \_\_\_\_\_\*\*Nursing staff: please give this list to the Food Service Manager of your school at the beginning of the school year and as needed.

							ood Service ( ood Service (	
	Name of Student	Grade	Date of Birth	Teacher's Name	Special Diet or Food Allergy	Sent Date	Rcvd. Date	Call Date
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
Nurse Sig	gnature:	•			Da	te:		

Form No.: FNS-2324-012 – Student List w/Special Diets and Allergies (SLSDA)

New Date: 8/28/23

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Food Service Only Food Service Only

School:

	Name of Student	Grade	Date of Birth	Teacher's Name	Special Diet or Food Allergy	Sent Date	Rcvd. Date	Call Date
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
Turse Signature: Date:								

Form No.: FNS-2324-012 – Student List w/Special Diets and Allergies (SLSDA) New Date: 8/28/23

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Food Service Only
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School : \_\_\_\_\_

	Name of Student	Grade	Date of Birth	Teacher's Name	Special Diet or Food Allergy	Sent Date	Rcvd. Date	Call Date	
46									
47									
48									
49									
50									
51									
52									
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56									
57									
58									
59									
60									
lurse	rrse Signature: Date:								

Form No.: FNS-2324-012 – Student List w/Special Diets and Allergies (SLSDA)

New Date: 8/28/23