Alpert Jewish Community Center
Long Beach
Your Center For Life

ALLERGY & DIET RESTRICTION INFORMATION

STUDENT NAME: ___________________________________

DATE OF BIRTH: _______________________

Does your child have any allergies or non-allergy dietary restrictions?
(Non-allergy dietary restrictions such as keeping Kosher, vegetarian, etc.)

NO_____ Thank you; please sign & date below.

YES_____ Please detail:

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Does your child have an EPI pen? ______For which allergy?___________________

TODAY'S DATE _________________________

PARENT SIGNATURE:_____________________________________

PARENT NAME (printed)___________________________________

Office use only:

Date RCVD: :______________

Input by______________

Room:______________

PMCC (if applicable)__________