



Food Allergy Form

Saint Scholastic High School / June Butterfield / 23
May 2023

Complete

Score	10.71%	Flagged items	0	Actions	0
Facility Name	Saint Scholastic High School				
Student Name	June Butterfield				
Prepared by	Mallory Davis				
Date	23.05.2023 12:00 PST				

Food Allergy Form

10.71%

Take or Attach Picture of Student



Photo 1

Age 7

Birth Date 23.04.2016

Student's Parent or Guardian Name Grace Butterfield

Relationship to Student Mother

Parent's Contact No. (Work) 3054208222

Parent's Contact No. (Home) 3057508321

Email gracebutterfield@gmail.com

Food Allergy / Intolerances 7.41%

Food Allergy Peanuts

Intolerances Others

Please specify No intolerances

Other special diet needs or restrictions (i.e., Diabetes, IBS, other) Avoids food with blood or rarely cooked meat such as blood sausage and blood soup

Dietary Needs Questionnaire 100%

Please answer the following questions to better help us with your needs:

What are the preferred food substitutions, if any? (e.g., soy butter for peanut butter, gluten-free bread, soy milk, etc): Any food without any ingredient of peanuts should be fine

What types of contact will cause a reaction? Actual ingestion of food

Please explain

Ingesting food with the slightest trace of peanuts will trigger allergic reactions, making it hard for her to breathe and swell

Does the Student understand the food allergy and what needs to be done to manage it?

Yes

Completion

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is true and correct.

Parent/Guardian Signature



Grace Butterfield
23.05.2023 12:09 PST

Media summary



Photo 1