

### Student List with Special Diets and Allergies (SLSDA)

SY 20 19-2020

School : \_\_\_\_\_

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

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

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date