



Lunchroom Table Preference Form

Date: _____

For students who have a life-threatening food allergy, we provide a peanut/tree nut safe table at lunch. Please sign and return this notice to the Health Office indicating where you would like your child to be seated at lunchtime. If you wish to change your preference, we ask that you send us a written notification.

Please note that your child will sit at a regular lunchroom table until this form is returned.

Thank-you,

D 41 Health Offices

Please indicate which table you would like your child to sit.

☐

Designated peanut / tree nut-safe table

☐

Regular lunchroom table

Student Name _____ Grade: _____

School: _____

Parent Signature: _____ Date: _____

We make a difference. We embrace change together. We are a true team of professionals. We build the future.