

# AQ Food Allergy



Student name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

**I am allergic/intolerant to**

Shellfish \_\_\_\_\_

Tree Nuts \_\_\_\_\_

Peanuts \_\_\_\_\_

Dairy \_\_\_\_\_

Eggs \_\_\_\_\_

Wheat \_\_\_\_\_

Gluten \_\_\_\_\_

Other \_\_\_\_\_

**Eating Schedule**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Please email complete form to [map001@aquinas.edu](mailto:map001@aquinas.edu)