

# MEDICAL AND FOOD ALLERGY INFORMATION FORM FOR TMB STUDENTS

This form only needs to be completed if there are issues that the director, chaperones and hospitality committee (serving meals to students) need to be aware of for the safety of the student.

It is not necessary to complete this form if it does not pertain to your student.

**Print** legibly – we must be able to read the information provided.

Medication information remains strictly confidential.

Student's name:

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Vegetarian:    Y / N

Food allergies:

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Medication allergies:

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Current medications (prescription and over the counter):

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Other information?

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Signed:

Date completed:

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RETURN FORM WITH TMB REGISTRATION DOCUMENTS OR EMAIL TO:  
Mary Beth Collins [mebmik@yahoo.com](mailto:mebmik@yahoo.com), Telephone: 630-393-4332

OR PLACE THIS FORM IN THE MAIL TO MARY BETH COLLINS  
30W290 WHITEHALL COURT, WARRENVILLE 60555