Career Choices Program Food and Health Technology

Student Name:				
Do you have any allergies?	YES	NO	circle one	
Please list your food allergie	es?			
•				
Are you allergic to any soaps or cleaning solutions?				
	-			
Are you allowing later and				
Are you allergic to latex or si	licone?			
			-	

Please return this form to Ms. Rozner the next day you come to school.

Thank you.