

Allergy/Alternate Diet Food Order Form

Program/Site: _____

Date: _____

Contact Number: _____

Contact Person: _____

*Fax or e-mail to Kathy 2 weeks before items needed: Fax # 298-2588

- Check the label to make sure no allergens or nuts are present.
- **Milk substitutions** are on the Supply Order Form.

Please checkmark the ALLERGY:

Dairy

Fish

Soy

Other: _____

Egg

Brown Rice English Muffin _____

Brown Rice Bread _____

Brown Rice Cracker _____

Brown Rice Cakes _____

Brown Rice Tortilla _____

Brown Rice 1# bag _____

Brown Rice Pasta _____

 Elbow Macaroni _____

 Rotini _____

 Spaghetti _____

Canned Chicken _____

Canned Vegetables _____

Applesauce _____

Sliced Cheese _____

Other: _____

Dairy-Free/Egg-Free/Soy-Free:

Ranch _____

Mayo _____

Cheese: _____

 Shredded Mozzarella _____

 Shredded Cheddar _____

 Sliced Cheddar _____

Soy Yogurt _____

Soy/Dairy Free Spread _____

Vegan/Vegetarian-Meat Substitutions:

Canned Tuna _____

Vegan Burgers _____

Vegan Crumbles _____

Other: _____