

Please be so kind as to list the specific food allergies for this student.

### DECLARATION

Dr. \_\_\_\_\_

License: \_\_\_\_\_

My patient \_\_\_\_\_ has the following allergies:

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He can eat from the Yeshiva kitchen/catering under above-mentioned terms and conditions.

In the event that there is an allergic reaction, the following action(s) needs to be taken:

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Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_