



**To All
Lunch Bunch Parents**

2010 – 2011 School Year

With the increase of life threatening allergies, DCFS now requires any child eating lunch at school must have signed documentation of approval. If your child will be eating lunch at school at any time, please bring this form to your doctor for his/her signature.

Thank you!

Child's Name: _____

Parent's Name: _____

Please sign below your approval that above child is able to bring a lunch from home and participate in lunch bunch.

Doctor's Signature: _____

Date: _____