



בס"ד

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

DECLARATION

Dr. _____

License: _____

My patient _____ has the following allergies:

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:

Doctor's Signature: _____ Date: _____