

Channahon School District

www.csd17.org

24920 S. Sage Street, Channahon, IL 60410

815-467-4315 · 815-467-4343 (fax)

Dr. Nicholas Henkle, Superintendent

Lunchroom Table Preference

Student: _____ Grade: _____

Dear Parents/Guardians:

For students who have a life-threatening allergy, we will provide an allergen-free table at lunch.

Please sign and return this notice to the Health Office indicating where you would like your child to be seated.

_____ Allergen-free Table

_____ Regular lunchroom Table

Please note that your child will sit at the allergen-free table until this form is returned. If you wish to change your preference after submitting this form, please send your child's school a written notification.

Thank you in advance for your prompt attention to this matter.

Elizabeth Venice, RN

Julie Wright, RN

Kylie Dux, CNA

Tricia Bleuer, CNA

Parent Signature

Date