

**Birthday Ice Cream Order Form**

Parent will complete information below and submit with payment to the school cafeteria ***two weeks before celebration***. The cost is fifty cents (50¢) per treat.

School cafeteria staff will complete their section and submit to school nurse.

School nurse will enter dietary restrictions, make a copy of the form for the teacher, and return the original to the cafeteria.

**Treats may be consumed during regular lunch period only**

**This section to be completed by parent/guardian**

Student Name: \_\_\_\_\_

Teacher/Home Room: \_\_\_\_\_

Day/Date of Event: \_\_\_\_\_ # of treats needed: \_\_\_\_\_

Ice Cream Treat Choice: \_\_\_ Fudge Bar (gluten-free)      \_\_\_ Ice Cream Sandwich  
                                 \_\_\_ Orange Push-Up (gluten-free) \_\_\_ Fruit Slush (dairy-free)  
                                 \_\_\_ Chocolate, Vanilla, Strawberry Cup

**\*\*School nutrition manager will provide dairy-free item for students with dairy intolerance/allergy as indicated by school nurse below\*\***



**This section to be completed by cafeteria personnel**

Amount Paid: \_\_\_\_\_      \_\_\_ Cash      \_\_\_ Check # \_\_\_\_\_



**This section to be completed by school nurse**

Students with known dietary restrictions (indicated on student health form)

\_\_\_\_\_ No known dietary restrictions for this classroom.

\_\_\_\_\_ Known dietary restrictions listed below.

<u>Student Name</u>	<u>Dietary Restriction</u>
_____	_____
_____	_____

\_\_\_\_\_ (initial) Nurse Reviewed

\_\_\_\_\_ (initial) Copy to teacher

\_\_\_\_\_ (initial) Submitted to school nutrition manager with payment on \_\_\_\_\_ (date)