



**UN GAME 2016 - INTERNATIONAL SCHOOL OF LAGO PATRIA**

**MODULO ALLERGIE / INTOLLERANZE ALIMENTARI**

NOME STUDENTE \_\_\_\_\_

COGNOME STUDENTE \_\_\_\_\_

DATA E LUOGO DI NASCITA \_\_\_\_\_ SCUOLA \_\_\_\_\_

ALLERGIE RISCOstrate \_\_\_\_\_

INTOLLERANZE ALIMENTARI \_\_\_\_\_

PROBLEMI PARTICOLARI DA SEGNALARE \_\_\_\_\_

MEDICINALI DA ASSUMERE \_\_\_\_\_

FIRMA DEL GENITORE





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ALLERGIES FORM / FOOD INTOLERANCE

FIRST NAME

STUDENTE \_\_\_\_\_

LAST NAME

STUDENTE \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_

ALLERGIES DISCOVERED \_\_\_\_\_

FOOD INTOLERANCE \_\_\_\_\_

SPECIAL PROBLEMS THAT NEED REPORTING \_\_\_\_\_

REQUIRED MEDICINES \_\_\_\_\_

DATE AND SIGNATURE OF PARENT \_\_\_\_\_

