

Birthday Ice Cream Order Form

Parent will complete information below and submit with payment to the school office at least **two weeks prior to the event.**

School office staff will complete their section and submit to school nurse to enter dietary restrictions.

A copy of the form will be submitted to the teacher and the original form with payment submitted to the school nutrition manager by the office staff. **The cost is fifty cents (50 cents) per treat.**

Below to be completed by parent/guardian

Student Name: _____

Teacher/Home Room: _____

Day/Date of Event: _____ # of treats needed: _____

Ice Cream Choice: ___ Fudge Bar (Gluten-Free) ___ Ice Cream Sandwich

 ___ Orange Push-Up (Gluten-Free) ___ Cotton Candy

Treat choice may be substituted if orders not received 2 weeks in advance.

A dairy-free treat (such as a fruit slush) will be provided for those with dairy intolerance/allergies as indicated by nurse below.

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Below to be completed by school personnel

Amount Paid: _____ Cash ___ Check # _____

Treats to be available for teacher pick-up by 2:00 p.m. on date of event.

Below to be completed by school nurse

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

___ No known dietary restrictions requiring alternate treat for this classroom.

___ See below for known dietary restrictions requiring an alternate treat.

<u>Student Name</u>	<u>Dietary Restriction/Alternate Treat Needed</u>
_____	_____
_____	_____

___ (initial) Nurse Reviewed

___ (initial) Copy to teacher

___ (initial) Submitted to school nutrition manager with payment on _____ (date)