

REQUEST FOR FOOD ALLERGY INFORMATION

Parent/Guardian:

Please disclose by filling out this form whether your child has a food allergy or a severe food allergy that you believe should be disclosed to the district in order to enable the district to take the necessary precautions for your child’s safety. Please return this form as soon as possible to the nurse at your child’s campus. **It is the Parent/Guardian Responsibility to inform School Health Services/Nurse Clinic of any New Diagnosis of Food Allergy or Changes**

“Severe food allergy “means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child’s allergic reaction to the food. **If the school cafeteria needs to substitute a food item because of a food allergy, a doctor’s note is required.**

Food:	Nature of allergic reaction to the food:

The district will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act (FERPA) and district policy.

Student name: _____

Date of birth: _____

Grade: _____

Teacher: _____

Campus: _____

Parent/Guardian name: _____

Work phone: _____

Home phone: _____

Parent/Guardian signature: _____ Date: _____

Date form was received by the school: _____