



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent/Guardian:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"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.

Food	Nature of allergic reaction to food	Medication at school (if any is needed)

No information to report.

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

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by the school: \_\_\_\_\_

For questions or further information please contact the campus school nurse.