

FOOD ALLERGY FORM

Dear Parents/Guardians:

Does your child/children have any food allergy/allergies? To protect your children, we are asking that you fill out this form and return to the school to let us know of any known allergies that we should be aware of.

Please tell us what type of food(s) your child is allergic to and provide a doctor's note to help us make the appropriate arrangements. **We cannot make any food or drink substitutions for students without the proper documentation from the child's doctor.** We will confidentially keep this form on file to safeguard your child/children from being offered something he/she should not have.

Student's Name: _____ **Grade:** _____

Food Allergy: _____

Type of Allergy: _____

Type of Reaction to Allergy: _____

Example of the type of food this particular product is in: _____

Treatment Required for Allergic Reaction: _____

Please Sign, Date & Return to school:

Parent/Guardian Name: _____ Date: _____

Whitewright ISD Child Nutrition Department is striving to do the best job possible to promote good health and good eating habits. We also want to help ensure the safety of your children. If you have any questions or concerns, please feel free to contact me.

Donna Lucas,
Nutrition Director/PEIMS 903-364-2155 x106 donna.lucas@wwisd.com

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