

## **LINDSAY INDEPENDENT SCHOOL DISTRICT**

### **REQUEST FOR FOOD ALLERGY INFORMATION**

The District must request, at the time of enrollment each year, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement.

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 food to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

The District will maintain the confidentiality of the information provided below 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 and District policy.

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Date form was received by the school: \_\_\_\_\_

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***If your child has a food allergy, please also fill out information below and Food Allergy Action Plan on back.***

Parent/Guardian name: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Food:	Nature of allergic reaction to the food: