LITTLEFIELD

INDEPENDENT SCHOOL DISTRICT

HOME OF THE FIGHTING WILDCATS

1207 East 14th Street ♦ Littlefield, Texas ♦ 79339

Phone 806-385-4150 ♦ Fax 806-385-4195

STUDENT FOOD ALLERGY FORM

Parent/Guardian: This form serves as an "awareness" document only. Information recorded below will be shared only with those Littlefield ISD staff members that have an educational "need to know" about your child's food allergy. Dietary accommodations are not required to be made as a result of completing this form. If your child has a disability that requires special dietary accommodation, you MUST complete the Littlefield ISD Special Dietary Accommodations Form. Copies of the form can be obtained from your campus school nurse.

Student Name: _____

Date of Birth: _____ Grade: _____

Campus: _____

Homeroom Teacher: _____

Special Diet or Dietary Restrictions: _____

Food Allergies or Intolerances:

Food: _____ Reaction to food: _____

Food: _____ Reaction to food: _____

Food: _____ Reaction to food: _____

Food: _____ Reaction to food: _____

Physician's Information:

Name: _____

Telephone number: _____

Name of Person to be contacted in case of Emergency: _____

Home #: _____ Work: _____

Parent Signature: _____ Date: _____

Signature of Campus Nurse: _____ Date: _____

Signature of Cafeteria Manager: _____ Date: _____

Signature of Homeroom Teacher: _____ Date: _____

Signature of Child Nutrition Director: _____ Date: _____

SCHOOL NURSE WILL KEEP A COPY IN THE CLINIC, AND SEND A COPY TO THE CAFETERIA MANAGER,

AND HEALTH SERVICE COORDINATOR