



BEEVILLE

INDEPENDENT SCHOOL DISTRICT

INSPIRING BOLD INNOVATIVE LEADERS

Regarding: Online Food Allergy Disclosure Form/Health Information Form

Dear Parent/Guardian

Upon review of the on-line registration form "Food Allergy Disclosure" and/or "Student Health Information Sheet" you indicated that your child has a medical condition or history of allergy, food avoidance, or anaphylaxis.

Please complete the following form describing your child's condition.

School staff: _____ Campus: _____ Date: _____

❖ ***If emergency medication is prescribed for your child please contact the school nurse as soon as possible.***

Parent Statement Regarding health condition, allergy, or food avoidance:

Student Name: _____ DOB: _____ Grade: _____ Room _____

❖ *Describe your child's condition, allergy, food avoidance, and any special diet (use a separate sheet if needed, please be specific as to what foods your child can and cannot have) i.e allergy to tomatoes- only whole tomatoes, can have pasta sauce, or allergy to milk, only whole milk, and reduced fat, but can have lactose free milk.*

❖ *Has this condition been diagnosed by a doctor?*

_____ NO _____ Yes (If yes, please submit doctor documentation, Emergency Action Plan may be required)

❖ *Has the doctor prescribed any medications, special treatments, food avoidance or special diet?*

_____ NO _____ Yes (If yes, please explain. Doctor's order may be required).

Parent Name: _____ Phone Number: _____

Parent Signature: _____ Date: _____

School Use:

Parent contact: _____