

Dayton ISD School Health Program

School Year _____

Date: _____

Dear Parent/Guardian:

The health form you submitted for _____ indicate he/she has a food allergy.

In 2010 changes were made by the Texas Department of Agriculture Nutrition Department that may affect your school age children. If your child has severe food allergy/food intolerance, please have their doctor fill out the attached form and return it to the office of your child's school each school year.

If your child qualifies for substitutions to the regular school meal due to disability that is certified by a licensed physician, then our Food Service Department will follow the procedures set up by the USDA and Texas Department of Agriculture and the needed substitutions will be made.

If we do not receive this important form back, completed by a licensed physician, we cannot follow the procedures set up by these agencies, and will not be able to make any needed substitutions for your child.

In addition to any dietary changes the school would appreciate the following:

1. A signed letter from your doctor with instructions the school is to follow in the event that _____ experiences an allergic reaction while at school. A Food Allergy Action Plan is enclosed with this letter
2. Epinephrine kit, if prescribed (such as an EpiPen or Twinject), or other medication to be used if an allergic reaction occurs.

Thank you for your attention in this matter.

Dayton ISD School Nurses

Mellisa Durdin, RN - Kimmie Brown Elem. 936-257-2796 Ext. 3

Scarlett Fabre, RN - Richter Elem. / Colbert Elem. 936-258-7126 Ext. 2

Jenna McWhorter, RN - Wilson Jr. High School 936-258-2309 Ext. 2

Michele Schulz, RN - Dayton High School 936-258-2510 Ext. 6

Susan Smith, RN - SFA Elem. 936-258-2535 Ext. 2