Request for Food Allergy Information

This form allows you to disclose whether your child has a food allergy or a 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.

Food:	Nature of reaction to the food:

Granger ISD will maintain the confidentiality of the information provided above and my disclose the information to the teachers, school counselors, school nursed, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

As per USDA regulations, students requiring food/drink substitutions due to food allergies must present a doctor's note to the school.

Student name:_____ Date of birth:_____

Grade:_____

Parent/Guardian name: _____

Work phone:_____ Home phone:_____

Parent/ Guardin Signature:_____ Date:_____

Date form was received by the school:_____