

History of Food Allergy/Intolerance

Dear Parent/Guardian,

If your student has a food allergy, the Health Office and cafeteria staff need to be notified. Please complete the form, have your student's healthcare provider sign and date the form and return it to the Health Aide at your child's school.

_____ Date of Birth _____
Student's name (please print)

1. Please list your student's food allergies/intolerances: _____

2. What are your student's symptoms if they are exposed to or eat food they are allergic to?

3. If your student is exposed, how is the allergic reaction treated?

4. Is your student's allergy severe enough to require an Epi-pen? Y N
5. If your student needs an Epi-pen, it is important that your student have an Epi-pen while at school. Ask your student's healthcare provider to order an Epi-pen for school. The Epi-pen will be kept in the Health Office at your student's school. A student may carry their own Epi-pen if their Healthcareprovider believes they are capable of administering the medication correctly.
6. If your student requires any medication to be administered at school, please complete, sign and date the ***Consent to Administer Medication*** form and return it to the Health Aide at your student's school

_____ Date: _____
Signature student's healthcare provider

_____ Date: _____
Signature parent/guardian

I give permission for the District Nurse and/or Health Aide to contact my student's Healthcare Provider for questions about their food allergy/intolerance. This is not permission to discuss my student's full medical history. Y N