

Request for Food Allergy Information

This document to be maintained in student's cumulative folder.

Cushing ISD is required to request, at the time of enrollment, that the parent or guardian of each student attending a Cushing ISD school disclose the student's food allergies. This form will satisfy the requirement. (HB 742 Section 25.0022)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the school 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 required immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. The nurse will contact you for a note from your child's physician if your child has food allergies.

My child has no food allergy to report.

FOOD:	Nature of allergic reaction to the food:	Life Threatening?

To request a special diet or modification of a meal please contact your child's campus nurse for a special diet medical form to be completed and signed by a physician before any substitutions can be made.

Cushing ISD will maintain the confidentiality of this form and the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitation of the Family Educational Rights and Privacy Act and District policy. The district will maintain this form as part of your child's student record.

Student Name: _____ DOB: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature _____ Date: _____

Date form received by the school: _____ Campus Personnel receiving form: _____