

Request for Food Allergy Information

Dear Parent or Guardian:

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 foods 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 Allergic Reaction to Food

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act (FERPA) and District Policy.

Student Name (print): _____

Date of Birth: _____ Grade: _____

Campus: _____

Parent/Guardian Name (print): _____

Work phone: _____ Cell phone: _____ Home phone: _____

Parent/Guardian's Signature: _____

Date: _____ Date form was received by school: _____

The District has a food allergy management plan based on the state-developed Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis. A summary of this document is posted on the District's website at www.tatumisd.org, Parents and Students Tab, Mental Health and Wellness. A link to the complete guidelines may be found on the same webpage.