

Allergy Information



Child's Name: _____

M F Birthdate: _____ / _____ / _____

Does your child have any allergies? YES NO

Does your child have an EPI-PEN? YES NO

What is your child allergic to?

Bees/ wasps

Peanut Butter Is a peanut-free table required in cafeteria? YES NO

Tree nuts

Fish/shellfish

Wheat

Soy

Cheese OK as ingredient in cooking? YES NO

Eggs OK as ingredient in cooking? YES NO

Milk Lactose intolerant Milk allergy

Other _____

When was your child's first reaction? What treatment was sought? When was your child's most recent reaction?

What are your child's symptoms when in contact with allergy?

How knowledgeable is your child about his/her allergy and treatment?

Are there any special accommodations your child will need with regard to this allergy?



- Monthly school menus are available on the District Website for your convenience when selecting lunches appropriate for your child with regard to his/her allergies.
- For the safety of your child, all names of children with allergies will be posted in each classroom as well as the lunchroom. **Your signature below indicates your agreement with this procedure.**

Parent/Guardian Signature: _____ Date: _____