



HEALTH SERVICES & PROGRAMS

POMONA UNIFIED SCHOOL DISTRICT

800 S Garey Avenue, P.O. Box 2900, Pomona, California 91766 Phone: (909) 397-4648, ext. 28352

DATE: _____
TO PARENT OF: _____
FROM: _____

SCHOOL: _____
BIRTH DATE: _____
GRADE: _____

RE: Severe Food Allergy

- Enclosures:
- 1) Medication Required during School Hours
 - 2) Medical Statement to Request Special Meals and/or Accommodations
 - 3) Other:

You submitted documentation stating that your child has a severe allergy to:

_____.

If your child had **any** of the following symptoms in the past after exposure to the substance listed above, it is important to take the enclosed forms to the child's Medical Provider for completion: generalized itching, hives, swelling of face or arms/legs, nausea, vomiting, frequent coughing, shortness of breath, or tightening of throat, etc. If needed, the Medical Provider will prescribe medication for school to manage your child's allergic reaction. Please note only severe allergies can be accommodated.

If medications and a special diet are needed, please follow the steps below:

- 1. Provide all meals from home until Food and Nutrition Services contacts you.
- 2. Take the Medication and "Medical Statement to Request Special Meals" to the Physician.
- 3. Return the signed forms to the School Nurse for review and follow up with Food and Nutrition Services.

Once the signed forms are received by Food and Nutrition Services, the following will happen:

- 1. The parent will need to continue sending all meals until Food and Nutrition Services contacts you which may take at least ten (10) working days.
- 2. No food will be served to your child from the cafeteria until Food and Nutrition Services determines a safe meal plan.

Be aware if your child develops respiratory difficulty or severe allergic symptoms at school, it is our district's policy to call 911 and the parent or guardian. Thank you for helping us care for the health needs of your child. If you have any questions, please contact our School Nurse.

Parent Signature

Date

School Nurse Signature

Date

cc: Parent

Health File: School Nurse to fax a copy of this form and subsequent forms to Food & Nutrition Services at (909-622-1037)