

Van Alstyne Independent School District

Request Food Allergies or Life-Threatening allergies

This form allows you to disclose whether your child has a food allergy, severe food allergy or any know severe 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 or any severe allergy means a dangerous or life-threatening reaction to a 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 how your child reacts when exposed to the food listed. Please list any allergies that are life-threatening allergies.

Table with 3 columns: FOOD, NATURE OF ALERGIC REACTION, LIFE-THREATENING?

REQUEST A SPECIAL DIET, MODIFICATON OF A MEAL PLAN or SELECTIVE SEATING PLEASE PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY. YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurse, and other appropriate school personal only within the limitations of the Family Education Rights and Privacy Act and District policy.

Student name: _____ Grade: _____

Parent(s)/Guardian(s): _____

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

Medication may be administered by VA School nurse or other school personnel designated by the nurse.

Medication name _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Date form and medication was received by the school; _____

Van Alstyne Independent School District Does Not Assume Financial Responsibility But Does Wish To Provide The Best Emergency Service