

Child Nutrition Department  
Telephone: 210-638-5028  
cnp.erc@brainnation.net

### REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

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 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 how your child reacts when exposed to the food that is listed.

No information to report, check here

Food	Nature of Allergic Reaction to Food	Life – Threatening?

**To Request a Special Diet, Modification of a Meal Plan or Provide Other Information From Your Doctor, about Your Child's Food Allergy, You Must Contact the child nutrition office or School Administrator Where Your Child Attends School.**

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 and District policy.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade level: \_\_\_\_\_

Parent/Guardian Name: (please print) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*This document is to be maintained in the Student's Cumulative Folder if a Food Allergy or Severe Food Allergy is disclosed**