

# Spring 4 Creek ISD

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## REQUEST FOR FOOD ALLERGY INFORMATION

***The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies.***

Dear Parent/Guardian:

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.

"Food intolerance" means an unpleasant reaction to a food and is not life-threatening.

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.

☐ **No information to report (complete student name, grade, and parent signature only).**

Food:	Nature of allergic reaction to the food:	Intolerance? Or Severe/Life threatening?

**TO REQUEST A SPECIAL DIET OR MODIFICATION OF A MEAL PLAN, OR TO PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR.**

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 Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

Date form was received by the school: \_\_\_\_\_