



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to notify Klein ISD that your child has a food allergy or severe food allergy. This notification will enable Klein ISD to initiate the plans necessary to provide 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 breathing, eating, or skin contact that requires immediate medical attention.

NOTE – KLEIN ISD CANNOT CHANGE FOOD ITEMS UNLESS YOU PRESENT THE KLEIN ISD PHYSICIAN'S DIET MODIFICATION FORM SIGNED BY YOUR MEDICAL PROVIDER.

Please check one of the boxes to let us know if your child has a food allergy.

- My child **DOES NOT** have a food allergy.
- My child has a food allergy as noted below. (Please see the school nurse for a food allergy forms packet.)

Foods to which your child is allergic	How does your child react when they come in contact with this food?	Life-Threatening? Circle one.
		Yes
		No
		Yes
		No

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: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

Nurse Signature: _____ Date _____