



## Food Allergy Notification Form

Name of Student: \_\_\_\_\_

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

\_\_\_\_\_ has an allergy to \_\_\_\_\_.  
(Student name) (Food(s))

This allergy is potentially life threatening:

Yes  No

Actions to take if student encounters allergen:

\_\_\_\_\_  
\_\_\_\_\_

Medications student to take if student encounters allergen:

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have completed an Emergency Medical Authorization Form.

I have consulted with the School to make a Food allergy Action Plan and I have trained my child as to his/her needs and safety. We will review the weekly lunch menu together, and discuss the vigilance required to self-monitor food products sold at athletic events or special student sales, foods brought for potlucks or classroom celebrations, and foods served on School-sponsored trips.

**I give consent for the School to notify others of my child's food allergy.**

Yes  No

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