

PEANUT/NUT and or SEVERE FOOD ALLERGIES

Which require injectable Epinephrine

PARENT ACKNOWLEDGMENT FORM

Student: _____ Teacher: _____

FOOD ALLERGY: _____ Date: _____

Parent Signature: _____ Printed Name: _____

YES	NO	I understand that this school allows food and snacks which contain peanuts to be eaten in the cafeteria.
YES	NO	My child must eat at a Peanut/Nut restricted lunch table.
YES	NO	I give permission for my child to eat at any lunch table.
YES	NO	My child has permission to purchase all food items available at lunch, including snacks, cookies, ice cream, etc.
YES	NO	I understand that my child will not be allowed to eat food brought to the school by other children or adults. This includes birthday and special day treats.
YES	NO	I understand that my child's teacher will provide a space in the classroom to store non-perishable treats provided by me (the parent) for birthdays and other "special" treat days.
YES	NO	My child has medication in the clinic in case of an allergic reaction.
YES	NO	I understand that the students are NOT ALLOWED to transport medication. I understand that a parent/guardian needs to bring any medication needed (whether prescription or over the counter) to the school nurse in the original container and with the prescription label intact. After the medication permission form has been signed by the parent, the nurse will be allowed to dispense it.