



School Cafeteria

Date _____

My child _____ has life-threatening allergies to the following foods.

- _____ Peanut
- _____ Tree nuts, of any kind
- _____ Egg
- _____ Milk
- _____ Soy
- _____ Wheat/Gluten
- _____ Corn
- _____ Fish/Shellfish
- _____ Legumes

Other _____

Even trace amounts can cause a serious reaction. Please check all new food items added to the menu or from new vendors to ensure that they do not include any ingredients that my child may be allergic to.

Life threatening reactions may include swelling of the lips, mouth or throat. Other reactions that my child may exhibit are _____.

If they can not breathe call the school nurse to administer emergency medication or call 911 immediately. Our phone numbers in case of emergency;

Cell _____ Cell 2 _____
 Closest Hospital _____ phone # _____
 Our Address is _____,
 Our county/parish is _____
 Our primary physician for non-emergency _____
 Other contacts _____
 Our Home number is () _____
 Our insurance carrier is _____ policy # _____