



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 # \_\_\_\_\_