

LTES Student Food Allergy Disclosure

If your child has a food allergy that you would like to disclose to the student's homeroom teacher, please complete this form and return promptly after enrollment or after the start of school. Note that medical authorizations/action plans completed by a physician are submitted separately to the school nurse.

Student Name: _____

Classroom Teacher: _____

My child does not have any known food allergies

My child has the following food allergies that the District should be made aware of:

Food Name

Nature of the Allergic Reaction

I understand that since I am providing this information without documentation of a food allergy from a physician, this information will NOT be included in my child's health record. If I have physician's documentation of my child's food allergy(ies), I will submit it to the school so that the information may be included in my child's health record.

Parent Name (Please Print)

Date

Parent Signature