

Does your child understand how to avoid food that cause allergic reactions? ____Yes ____No

Recommendations for School:

***All accommodations must have a physician’s signature to verify necessity of accommodations.**

*Special food requirements: **Yes No** If yes: _____

*Special classroom accommodations: **Yes No** If Yes: _____

*Special lunchroom seating: **Yes No** If yes: _____

Classroom/school parties, birthday treats and snacks, food treats will be handled as follows:

_____ Parent supplies all snacks and treats for student stored in classroom

_____ Parent provides “safe snack” list to be shared with classroom parents

Field trips – All treatment supplies are taken and care is provided:

_____ By accompanying parent

_____ By school staff trained in student’s emergency action plan

Before and after school activities: _____

Activities student can self-manage:

_____ Will not trade food with others

_____ Will not eat anything with unknown ingredients or known allergen

_____ Will notify adult immediately if eats something they believe may contain allergen

You must submit the proper medication forms to keep any medication at school and supply the school with the medication needed.

Date: _____

Physician’s signature _____ Telephone: _____

Physician’s Name: _____

Parent’s Signature _____

Neither the Ft. Zumwalt School District, nor its school personnel, shall be responsible for diagnosing and determining food allergies and/or those foods or ingredients in foods that are safe for a student with an identified food allergy to consume.