

Food Intolerances/Allergies



NOTE: This form provides guidelines for your child's classroom and special area classrooms. If your child will be eating school meals and/or taking a beverage and will be needing substitutions due to a food intolerance or allergy, please contact Student Nutrition Services at (507) 328-4250 or visit their webpage at www.rochester.k12.mn.us > departments > student nutrition services > special dietary needs

Date of Plan: / / This plan is valid for the current school year: 20 - 20

STUDENT INFORMATION

Name	DOB	/	/	Grade	School
Significant medical history					

CONTACT INFORMATION

Parent/Guardian	Phone	Cell:
Parent/Guardian	Phone	Cell:
Emergency Contact	Phone	Cell:

FOOD INTOLERANCE INFORMATION

FOOD INTOLERANCE(S):
History of reaction:
Extra Snacks/Parties: An alternative snack will be provided by parent Parent will determine if child can eat snack

ALLERGY INFORMATION

ALLERGEN(S):			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Ingestion</td> <td style="width: 33%;">Contact</td> <td style="width: 33%;">Smell</td> </tr> </table>	Ingestion	Contact	Smell
Ingestion	Contact	Smell	
History of reaction:			
Asthma: Yes No			
<u>The school cannot guarantee that the facility or dining area will be allergen free.</u>			
<u>School staff are not responsible for interpreting safety or specific ingredients for your child.</u>			
Extra Snacks/Parties: An alternative snack will be provided by parent Parent will determine if child can eat snack			
Lunchroom Seating: My child may sit at a table where this specified allergen might be present. Yes No			
Art Projects: My child may work with materials containing this specified allergen in art. Yes No			
My child has an Anaphylaxis Emergency Care Plan on file at school: Yes No			

SIGNATURES

The information you provide will only be shared with school staff who require access to this information to meet your child's health and safety needs while at school. Not providing complete and accurate information may result in an incomplete health and safety plan for your child.

Parent/Guardian signature	Date / /
Licensed School Nurse signature	Date / /