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Risingschoolrs.stisd.net

151 S. Helen Moore  
San Benito, TX, 78586

- Business, Education, Technology Academy
- Rising Scholars Academy of South Texas
- South Texas Academy for Medical Professions
- The Science Academy of South Texas
- South Texas Preparatory Academy
- South Texas High School for Health Professions

### REQUEST FOR FOOD ALLERGY INFORMATION

***(STISD requests that the parent or guardian of each student attending any STISD school disclose the student's food allergies.)***

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to STISD in order for necessary precautions to be taken.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. **Please return this form to the Nurse's Clinic. If it is not returned, there will be an understanding that your child does not have a food allergy.**

Food:	Nature of allergic reaction to the food:

STISD will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Date form was received by the school: \_\_\_\_\_



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### SOLICITUD DE INFORMACIÓN ALERGIAS ALIMENTARIAS

(STISD solicita que el padre o tutor de cada estudiante que asiste a cualquier escuela de STISD revelen alergias alimenticias del estudiante.)

Este formulario le permite a revelar si su hijo(a) tiene una alergia a los alimentos o alergia alimentaria severa que cree que debe ser revelada a STID con el fin de permitir tomar las precauciones necesarias para la seguridad de su hijo(a).

"Alergia alimentaria severa" significa una reacción peligrosa o potencialmente mortal del cuerpo humano a un alérgeno de origen alimentario introducido por inhalación, ingestión o contacto con la piel que requiere atención médica inmediata.

Por favor liste cualquier alimento a los cuales su hijo(a) es alérgico o alérgica severa, así como la naturaleza de la reacción alérgica de su hijo(a) para la comida. Por favor, devuelva este formulario a la Clínica de la enfermera. Si no se devuelve, habrá un entendimiento de que su hijo(a) no tiene una alergia alimentaria.

Alimentos:	Naturaleza de la reacción alérgica a los alimentos:

STISD mantendrá la confidencialidad de la información proporcionada anteriormente y puede revelar la información a maestros, consejeros escolares, enfermeras escolares y otro personal escolar apropiado dentro de las limitaciones de la Acta de los Derechos Educativos de la Familia y la Privacidad y la póliza del distrito.

Nombre de Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_

Teléfono del trabajo \_\_\_\_\_ Teléfono de casa: \_\_\_\_\_

Firma de Padre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre de Padre/Tutor (por favor imprima): \_\_\_\_\_

Date form was received by the school: \_\_\_\_\_