

Silsbee Independent School District

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FOOD ALLERGY DISCLOSURE FORM

Texas Education Code, Section 25.0022 - The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies.

This form allows you to disclose whether your student has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your student's safety.

"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 student is allergic or severely allergic, as well as the nature of your student's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school nurses, food services personnel, school counselors, 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: _____

Parent/Guardian name: _____

Phone (cell/home/work): _____ Phone (cell/home/work): _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____