

**Maypearl Independent School District
Parent Statement of Food/Environmental Allergy Information**

Dear Parent:

This form allows you to disclose/explain information regarding a food/insect/environmental allergy that you listed on the Health Information Form you filled out during registration. The information you provide will guide the district to take necessary precautions for your child's health and safety.

Allergies may be "mild" or severe". A mild food/insect/environmental allergy may cause symptoms such as mild itching of the mouth or skin, a scattered rash or sneezing. A severe allergy means a dangerous life-threatening reaction of the human body to an allergen introduced by inhaling, eating or touching the item. A severe allergy required immediate medical attention. Symptoms of a severe allergy may include any or all the following symptoms:

- Mouth Itching and swelling of the lips, tongue or mouth
- Throat Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting and/or diarrhea
- Lungs Shortness of breath, repetitive coughing, wheezing
- Heart Thready pulse, passing out

The severity of symptoms can change quickly. All can potentially progress to a life-threatening situation.

Please provide us with the following information:

| <i>My child has an allergy to:</i> | <i>Route of Exposure: Eaten/Touched/Inhaled</i> | <i>Symptoms Noted During Allergic Reaction</i> | <i>Reactions is Life Threatening</i> | <i>Medication Prescribed to Treat Allergic Reactions</i> |
|------------------------------------|---|--|--|--|
| | | | Y / N | |
| | | | Y / N | |
| | | | Y / N | |

***Please note: Consistent with guidelines from the Texas Department of Agriculture, for MISD to consider food substitutions for a student with food allergies, a signed letter from the student's healthcare provider must be provided. Contact the MISD Child Nutrition office at 972-435-1036 for more information.*

Allergy Free Table in Cafeteria:

- I want my child to sit at an allergen free table during lunch (contact your school nurse for more information).
- I do not want my child to sit at an allergen free table during lunch.

Please provide the school nurse with the following: *Emergency medications* (unexpired epinephrine auto injector and antihistamine), *Medication Authorization Form* for each medication and an *Emergency Action Plan*. All forms must be signed by a parent/guardian and your child's healthcare provider. Parent/guardian signature is sufficient for over the counter medications.

Student's Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date form received in clinic: _____