



# POOLVILLE ISD HEALTH SERVICES



Dear Parent/Guardian:

**Due to HB742 of the 82<sup>nd</sup> Texas Legislature, the following information is requested for each child enrolled in Poolville Independent School District.**

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 child has a food intolerance or severe allergy that you believe should be disclosed to the district in order to enable the district to take necessary precautions for your child's safety.

**"Severe food allergy"** means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by the 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.

**NO KNOWN FOOD ALLERGIES**

| FOOD:                    | REACTION: | EPINEPHRINE PRESCRIBED: |
|--------------------------|-----------|-------------------------|
|                          |           | YES/NO                  |
|                          |           | YES/NO                  |
|                          |           | YES/NO                  |
| <b>FOOD INTOLERANCE:</b> |           |                         |
|                          |           |                         |

PISD will maintain the confidentiality of the information provided above and the school nurse will communicate medical information to a child's teachers/coach(es), child nutrition staff, and any staff members taking care of a student with a medical condition.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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