

School Year _____

Sayre Lower School

Anaphylactic Snack/Treat Allergy Form

****This form only needs to be completed if your child has food or other anaphylactic allergies****

Student's Name: _____ Grade in School: _____

Please list all significant food allergies below:

Food Allergen	Your Child's Symptoms of Exposure to this Allergen

For any **non-anaphylactic** food allergy listed in the allergy box at the top of this form, please describe what action steps should be taken if your child is exposed. Please be specific about each allergy.

On occasion, special treats are brought into the classroom for sharing. Our policy requires that all items brought in to be shared have an ingredient list that is peanut and tree nut free. Despite our vigilance, we can never guarantee that items donated are free of contamination. Please make a choice below:

_____ I prefer that my child **never** be served items that are brought in by other families for sharing even if the ingredient list is free of allergens. I will provide a box of snacks that can be stored for my child and provided when the rest of the class is having a donated treat.

OR

My child is **allowed** to eat snacks brought in for sharing according to the following guidelines:

_____ My child is **allowed** to eat treats that are pre-packaged by a manufacturer and have an ingredient list that is free of my child's allergens and do not have a warning statement about shared manufacturing equipment.

_____ My child is **allowed** to eat items that were prepared in someone's home and have an attached list of ingredients that is free of my child's allergens.

We welcome all parents of children with allergies to provide a small supply of treats for your child that can be stored and given to him/her if there is a snack being shared that is not appropriate for them.

Parent/Guardian Signature: _____ Date: _____