

# Seaford Harbor Elementary School Health Office

August 2025

Dear Harbor School Parent / Guardian,

Please review your child's health record and inform us of his/her food allergies.

Please indicate below if your child will require seating at an allergy free cafeteria table. All grades will have snack time in their class. Please indicate whether your child requires an allergy-safe classroom.

Please return the form below to Mrs. George by August 29<sup>th</sup>, 2025.

Sincerely,

*Vincy George*

Mrs. Vincy George  
Seaford Harbor Elementary School Nurse  
**VGeorge@seaford.k12.ny.us**  
Phone: (516) 592-4173  
Fax: (516) 592-4101

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## SEAFORD HARBOR ELEMENTARY SCHOOL HEALTH OFFICE

My child: \_\_\_\_\_

This year's teacher: \_\_\_\_\_

\_\_\_\_\_ **Will** sit at an allergy-free cafeteria table.

\_\_\_\_\_ **Will NOT** sit at an allergy-free cafeteria table.

\_\_\_\_\_ **Will** require an allergy-free classroom.

***Please return / email this form to the main office by August 29<sup>th</sup>, 2025 (hard copy, fax or email)***