Seaford Harbor Elementary School Health Office

July 2026

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 Ms. Ziesel by August 3, 2026.

Sincerely,

Ms. Samantha Ziesel

Ms. Samantha Ziesel
Seaford Harbor Elementary School Nurse
SZiesel@seaford.K12.ny.us
Phone: (516) 592-4173
Fax: (516 592-4101

SEAFORD HARBOR ELEMENTARY SCHOOL HEALTH OFFICE

Child's Name: _____

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 3, 2026 (hard copy, fax, or email)