FORT BEND INDEPENDENT SCHOOL DISTRICT

REQUEST FOR FOOD ALLERGY INFORMATION

This form allows you to disclose whether your child has a food allergy or severe food allergy you believe should be disclose to the District in order to enable the District to take necessary precautions for your child's safety.

A "severe food allergy" is a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

In the table below, please list any foods to which your child is allergic or severely allergic and describe the nature of your child's reaction to the food.

Food	What happens to the student when he/she is exposed to this food?	Life - Threatening?
		Yes or No
		Yes or No
		Yes or No

☐ No information to report

Has your student been prescribed epinephrine (Epi-Pen) for severe allergies? Yes* or No

*If you answered yes to the question above, please contact the campus school nurse to complete additional required documentation.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature _____ Date: _____

Date form received by campus: _____