



Food Allergy Notification For

This form provides immediate notification while the HCP is being developed

School: _____ School Year: _____

Student #: _____ Student Initials: _____ Student DOB: _____

Food Allergy

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian

Comment: _____

Date Identified: _____

Identified through:

- ☐ Health Verification Form ☐ Parent/Guardian ☐ Student ☐ Record Review ☐ Focus
☐ Other: _____

Clinic Staff:

☐ Cafeteria Manager notified: Who: _____

Form is to be hand delivered to Cafeteria Manager immediately of identification of allergy

☐ Daily Visit Log note entered in regard to allergy details, and notification of Cafeteria Manager & RN Supervisor.

☐ RN Supervisor notified and form placed in RN's box.

☐ Upload form into Focus.

Clinic Staff Printed Name: _____

Signature: _____

Date: _____

Revised 6-16-26