



Allergy Removal Form 2026-2027

Instructions: Please fill out this form in its entirety. Note that parent signatures are permitted only in cases where the allergy or intolerance was reported by the parent **without** documentation from a doctor. If a doctor's note was submitted to the school, the doctor **must** fill out this form in order for it to be accepted.

Date: _____

Student Name: _____

Student ID: _____

School: _____

The above student is **no longer** allergic or intolerant to:

Parent or Doctor Signature: _____

Parent or Doctor Name (Printed): _____

For Internal Use Only

(Dietitian) Date Received: _____ **Initials:** _____

(Nurse) Date POS Updated: _____ **Initials:** _____