

Parent Form to Sign

STUDENT _____ YOG _____ ALLERGY _____

Address _____

	<u>Yes</u>	<u>No</u>
1. Note from physician regarding specific allergy and medication orders.	_____	_____
2. Student can read and understand food labels.	_____	_____
3. Lunches brought to school are in compliance with allergy.	_____	_____
4. Student will have special seating if requested.	_____	_____
5. Student will not share snacks or lunch.	_____	_____
6. Student is encouraged to wear allergy bracelet at all times.	_____	_____
7. Student will carry EpiPen at all times as ordered by private physician.	_____	_____
8. Parent will provide current photo of student provided for cafeteria staff and school nurse.	_____	_____
9. Notification of allergy provided for field trips and coaches.	_____	_____
10. A second EpiPen, physician orders, and parental permission provided to school nurse.	_____	_____

Parent Signature Date

Student Signature Date

To be submitted annually **ON** the first day of school or before participation in Fall sports.