

Gilmer 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 that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

It is important that you indicate the type of reaction your child has to the allergen. While we realize that allergic reactions are not always the same, it is important that we know what type of reaction your child normally has.

Please list any foods to which your child is allergic, along with the nature of your child's reaction below.

Student's Name: _____ **Date of Birth:** _____

Food or Insect:	What happens to them?	How has the doctor told you to treat it?

Has your child ever had an **anaphylactic reaction**? YES NO

Does your child have an **EpiPen**? YES NO

Do you have an emergency plan from the doctor? YES NO

Does your child have a doctor's note to carry their own EpiPen? YES NO

*Please bring a copy of the doctor's note and emergency plan to the nurse BEFORE school starts, or your child's first day of school.

Parent's Name: _____

Contact #: _____ Alternate #: _____

Preferred Hospital: _____

Parent's Signature: _____ Date: _____

Nurse Signature: _____

A copy of this document will be provided to the student's teachers and cafeteria.