

RNE Culinary Arts

Parent/Guardian Statement of 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 school in order to enable the school 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 induced by inhalation, ingestion or skin contact that requires immediate medical attention.

Student's Full Name: _____

Date of Birth: _____ Grade Level: _____

My child **does not** have any known food allergies.

My child has (or has had) the following food allergies that the school should be made aware of:

*This information will remain confidential, and may be disclosed to the course instructor, school nurse, and other appropriate school personnel only within the limitations of the Family Education Rights and Privacy Act and District Policy.

Food Name	Allergic Reaction	Is this a current allergy? (Y/N)

Additional explanations (*if needed*):

I understand that since I am providing this information *without* documentation of a food allergy from a physician, this information will NOT be placed in the health records maintained by the school district. If I have physician's documentation of my child's food allergy(ies), I will send it to the school nurse of my child's campus so that the information may be included in my child's health record.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____ Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email address: _____

Disclaimer: You are under no legal obligation to complete this form. The purpose is only to provide the safest environment for your child while enrolled in the Culinary Arts program.