

Food Allergy Disclosure

Student Name: _____ Date of Birth: _____

Dear Parents,

Round Top-Carmine ISD is required to request, at the time of enrollment, that the parent or guardian of each student attending a school disclose the student's food allergies. This form will satisfy this requirement.

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 in order to enable Round Top-Carmine ISD to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. The nurse will contact you for a note from your physician if your child has food allergies. The school should have an EpiPen prescribed for student in the event of an emergency.

FOOD/ALLERGEN	NATURE OF REACTION

Round Top-Carmine ISD will maintain the confidentiality of this form and the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and district Policy. [See FL] The district will maintain this form as part of your child's student record.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Primary Contact Phone: _____