

Middleborough Public Schools

Food Allergies

Date: _____

Re: _____
Student's Name

School

Dear Parent or Guardian:

According to our health records your child is allergic to peanut products or other foods. In order to help your child and update our records, please complete the following:

- | | YES | NO |
|--|-------|-------|
| 1. My child still has an allergy to:
(circle one) peanut products other foods | _____ | _____ |
| 2. If my child is exposed to or ingests allergen, he/she needs special medication or treatment | _____ | _____ |

If the answer is yes, please explain below:

It is the ***parent's responsibility*** to provide any medication needed for treatment of the above.

3. My child's last allergic reaction was _____.

Please return this form to the Health Office or to your child's teacher who will forward it to the appropriate Health Office.

Sincerely,

School Nurse

Signature of Parent/Guardian

Home Telephone Number

Emergency Number