

**Dear Parent/Guardian:**

You have indicated your child has a food allergy. Please provide the following:

- Completed ***Food Allergy and Anaphylaxis Emergency Care Plan***
  - This is to be completed by a parent/guardian and signed by your child's physician if medication is prescribed
  - We need to know how to treat both minor reactions (such as minor skin reactions) and major reactions (such as breathing difficulty)
- A recent picture of your child, to be attached to the corner of the Food Allergy and Anaphylaxis Emergency Care Plan
- Any medications required to treat a possible allergic reaction, such as Benadryl or an Epi-pen with a doctor's order? ***Please circle: Yes, required No, none necessary***
  - All medications must have a pharmacy label
  - Please check for expiration date on medication and replace as necessary
- Provide alternate snack/treats for your child to be used in the classroom to help prevent the occurrence of an allergic reaction
- Notify nurse and your child's teacher of your child's allergies and cafeteria staff will be made aware of your child's allergy
  - Would you like the school nurse to talk to your child's classmates about their allergy? ***Please circle: Yes No***
  - Do you have any requests for your child's classroom or for lunch room seating?

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**Recommended actions:**

-Speak with teacher regarding child's food allergy

-Please consider attending field trips that your child may have during the school year if they have a severe food allergy

-The cafeteria will provide appropriate food for your child, however if your child has a severe food allergy, consider packing their lunch

For more information on food allergies, please refer to the Food Allergy Research and Education (FARE) website at: <http://www.foodallergy.org/>

**Thank you!**

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**Parent/guardian signature**