



REQUEST FOR FOOD ALLERGY INFORMATION

To ensure the safety of your child at school, we are requesting that you complete the following Food Allergy/Severe Food Allergy Information.

This form allows you to disclose whether your child has a food allergy or a severe food allergy that you believe should be disclosed to St. Jerome Catholic School. “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.

Below list any foods to which your child is allergic or severely allergic. Indicate the nature of your child’s reaction to the food, the severity of the reaction and the type of exposure that triggers the reaction. Completed forms should be returned to the school office as soon as possible.

<i>Food</i>	<i>Type of allergic reaction to the food</i>	<i>Severity of the allergic reaction</i>	<i>Type of exposure to the food. (ingested, inhaled, skin contact)</i>

For the safety of your child St. Jerome Catholic School will disclose the above information to teachers, kitchen staff, or other appropriate school personnel.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Work/Cell Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date _____

Date form was received by the school: _____

Please list any special requests on the back of this form