



Medical History and Allergy

Student Name _____

No medical problems (**Please circle if no Medical problems**)

Medical Problems nurse needs to be aware of:

List:

Parents/guardians:

It is important that the school is aware of any **FOOD ALLERGIES** your child may have. (Rash, itching and possible difficulty in breathing.) Please list your child's food allergies and sign on the bottom.

DO NOT INCLUDE FOOD YOUR CHILD DOESN'T LIKE OR DOESN'T EAT i.e. vegetarian, pork etc.

Thank you.

FOOD ALLERGIES

- 1.
- 2.
- 3.
- 4.

I give my permission to share this information with staff. _____

Parent/Guardian

If your child has food allergies it is important that you notify the Health Office as well as your child's classroom teacher. While we work closely with the food services staff, it is important that you help us. Please review the monthly menus, work with your child about the food choices they make and speak with the food services staff if you have any questions. If you have any concerns about the possibility of an allergic reaction it would be a good idea to send in food from home for lunch and snacks.

It is our mission to keep your child safe while in school but it is only with your help this can be done.

Please feel free to contact the school nurse if you have any questions at (516) 546-2020. Ext. 39.