

## REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent or Legal Guardian:

In accordance with Texas Education Code Chapter 25, Section 25.0022, upon enrollment of a child in public school, a school district shall give a person with legal control of a child an opportunity to disclose a food allergy or severe food allergy to enable the District to take necessary precautions to ensure the student's safety.

A "severe food allergy" is 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.

In the table below, please list any foods to which your child is allergic or severely allergic and describe the nature of your child's reaction to the food.

Food	What happens to the student when he/she is exposed to this food?	Life-Threatening?
		Yes or No
		Yes or No
		Yes or No

Have you previously disclosed this information to Cypress Fairbanks ISD? Yes or No

Has your student been prescribed epinephrine (Epi-Pen) for severe food allergies? Yes\* or No

\*If you answered yes to the question above, please contact the campus school nurse to complete additional required documentation.

The District will maintain the confidentiality of 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.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Campus: \_\_\_\_\_