



TOMS RIVER REGIONAL SCHOOLS

FOOD ALLERGY/ALLERGIES

You have indicated to us that your child _____
date of birth _____ has food allergy/allergies to:

- What type of reaction does your child experience? Please be specific and describe the exact reaction.
- When was your child's last reaction?
- Does your child experience a reaction by being around or near the food he/she is allergic to?
- Has your child ever required medication for this allergic reaction? If YES, please list medication and have your child's doctor complete the Emergency Action Plan and Permission to Medicate forms and return to us as soon as possible.
- Will your child need special accommodations regarding food during classroom activities, holiday parties, snacks, field trips, etc.
 - Please **DO NOT** permit my child to have any foods except those provided by me.
 - I allow my child to participate in any class or school activity. I understand that there is the possibility that some foods in the classroom or lunchroom may contain ingredients that my child is allergic to. The school staff has been informed of my child's allergies but cannot guarantee that he/she will not ingest something that they may react to. I am permitting my child to have classroom snacks as well as purchase foods from the lunchroom.
 - Other accommodations:

Parent Signature

Date