



# TOMS RIVER REGIONAL SCHOOLS

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Dear Parent/Guardian of:

You have informed me that your child has an allergy to **NUTS**. In order to provide a safe environment in the cafeteria, please check one of the following statements and return to my office with your child's attached emergency care plan and medication in September.

Your child will be assigned to the Peanut / Tree nut free table during the lunch period unless otherwise stated on this form.

Please feel free to call me with any questions/concerns.

Thank You,

School Nurse

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\_\_\_\_\_ My Child should be seated at the Peanut / Tree nut free table in the cafeteria for the  
\_\_\_\_\_ school year.

\_\_\_\_\_ My child does **NOT** need to be seated at the Peanut / Tree nut free table for the  
\_\_\_\_\_ school year.

Child's Name: \_\_\_\_\_

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

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

Date: \_\_\_\_\_