



DIETARY GUIDELINES | Food Allergies & Intolerances

Date of Plan: / /

This plan is valid for the current school year: 20 - 20

STUDENT INFORMATION

Name	DOB	/	/	Grade	Teacher
Significant medical history					

CONTACT INFORMATION

Parent/Guardian	Phone	Cell
Parent/Guardian	Phone	Cell
Emergency Contact	Phone	Cell

ALLERGY INFORMATION

ALLERGEN(S):			
Ingestion	Contact	Smell	
History of reaction:			
Asthma:	Yes	No	
<u>The school cannot guarantee that the facility or dining area will be allergen free.</u>			
<u>School staff are not responsible for interpreting safety or specific ingredients for your child.</u>			
Extra Snacks/Parties:	An alternative snack will be provided by parent	Parent will determine if child can eat snack	
Lunchroom Seating:	My child may sit at a table where this specified allergen might be present.	Yes	No
Art Projects:	My child may work with materials containing this specified allergen in art.	Yes	No
My child has a Pine Island Public Schools Anaphylaxis Emergency Care Plan:	Yes	No	

FOOD INTOLERANCE INFORMATION

FOOD INTOLERANCE(S):	
History of reaction:	
Extra Snacks/Parties:	An alternative snack will be provided by parent Parent will determine if child can eat snack

SIGNATURES

The information you provide will only be shared with school staff who require access to this information to meet your child's health and safety needs while at school. Not providing complete and accurate information may result in an incomplete health and safety plan for your child.

Parent/Guardian signature	Date	/	/
Licensed School Nurse signature	Date	/	/