To Parent/Guardian of: , Date: \_\_\_\_\_\_\_\_\_\_\_

In the process of online registration, you indicated that your child has an allergy to food. Because allergies of this type can be serious, please review this document and return it with the forms requested in order to provide the best care for your child.

By initialing below, you are indicating your receipt of the following information and/or forms:

\_\_\_\_\_ Food Allergy Emergency Action Plan to be completed by parent/guardian and physician.

 \*Physician supplied Emergency Action Plan can be used if available.

\_\_\_\_\_ Medication Permit/Physician’s Orders to be completed by parent/guardian and physician.

­­­­\_\_\_\_\_ Special Diet Request Form\* to be completed by parent/guardian and physician.

\*This form is located on the Birdville ISD Child Nutrition website.

This form is required because the cafeteria cannot substitute or change menu items without written doctor's orders on file at the school. This requirement has been established by the State of Texas.

Allergy Information to Classmates

\_\_\_\_\_ I **do** give my permission for the school to alert the parents in my child’s class that there is a severe food allergy present in the classroom and request that a sign be posted that indicates the classroom in an “Allergy Free Zone.”

\_\_\_\_\_ I **do not** give my permission for the school to alert the parents in my child’s class that there is a severe food allergy present in the classroom and request that a sign be posted that indicates the classroom in an “Allergy Free Zone.”

Allergy Free Zone for Cafeteria

In order to reduce the risk of accidental exposure in the cafeteria, an allergen free zone will be offered during all lunches. An allergen free zone is an area designated in the cafeteria adjacent to class seating where a student may sit with the class but only be surrounded by peers who have food free of the allergen which may adversely affect the student. This area is typically at the end of the row of rectangle tables or a specific section of a round table. The zone should not be physically removed from the table(s) assigned to the class. Only students with lunches that do not contain the allergen will be allowed to sit in this zone.

Please check the box below indicating whether your child will be sitting at the allergy free zone.

 I **do** want my child to sit at the allergen free zone during lunch.

 I **do not** want my child to sit at the allergen free zone during lunch.

**Please initial and sign form and return as soon as possible to the school nurse. For additional information visit** <https://www.birdvilleschools.net/Domain/8592>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Thank you for your assistance.

School Nurse