

Parent's Permission for School-Provided Foods

For a Child Who Has an Allergy to a Food Other Than Nuts

Please complete a separate form for each food to which your child is allergic.

Please ask for the specific form for a child who is allergic to any nuts.

My child _____ has been diagnosed with an allergy to the following food: _____.

I have provided the school with the required forms signed by a licensed pediatrician documenting the allergy and any prescribed treatments. The allergy described is a medical condition and not just a reflection of a food preference.

My child must avoid the above named food to the following degree:

_____ Total avoidance. My child may not have this ingredient in any form.

_____ Partial avoidance. My child may not have this food by itself, but may have it as an ingredient in a processed food (Example: Some children who have an allergy to milk may not drink a cup of milk, but may have cookies made with milk chocolate chips.)

I understand that Gan Ami provides foods for snacks and special projects in classrooms. I understand that some of these foods may contain the ingredient to which my child is allergic. My signature below indicates how I would like to manage my child's allergy in school.

___ My signature below indicates that I give permission for Gan Ami Staff to determine which foods my child may have. I understand the school staff will carefully review the ingredients list of every food brought into the school, and will identify those that my child may have and may not have. I understand that if my child may not have a planned food, then the school staff may find an appropriate alternative, or contact me to discuss the possibilities, or offer me the opportunity to provide foods from home.

___ My signature below indicates that I do NOT give permission for Temple Beth Ami staff to determine which foods my child may have. I will come to school, given 24 hours notice, and I will personally sign each package of food that my child may have. I understand that timeliness is imperative because the school menu and activities are planned and I want my child to be able to participate in the best manner possible.

Please attach any additional information you would like the school staff to have about your child's allergy.

Signed _____ Dated _____