



Parent Statement of Food/Environmental Allergy Information

Dear Parent:

This form allows you to disclose/explain information regarding a food/insect/environmental allergy that was listed on the Health Form you filled out when you registered your child. The information you provide will guide the district to take necessary precautions for your child’s health and safety.

Allergies may be “mild” or “severe”. A mild food/insect/environmental allergy may cause symptoms such as mild itching of the mouth or skin, a scattered rash, or sneezing. “Severe food/insect/environmental allergy” means a dangerous or life threatening reaction of the human body to an allergen introduced by inhaling, eating, or touching the item. A severe allergy requires immediate medical attention. Symptoms of a “severe allergy” may include any or all of the following symptoms:

SIGNS OF ALLERGIC REACTION

- **MOUTH** Itching and swelling of the lips, tongue or mouth
- **THROAT** Itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- **SKIN** Hives, itchy rash, and/or swelling of the face, extremities
- **GUT** Nausea, abdominal cramps, vomiting and/or diarrhea
- **LUNGS** Shortness of breath, repetitive coughing, and/or wheezing
- **HEART** Thready pulse, passing out

The severity of symptoms can quickly change. All can potentially progress to a life-threatening situation.

Please list any food/environmental items to which your child is allergic or severely allergic, as well as the route of exposure, reaction, and if you consider the reaction “life threatening” or “mild”.

<i>Food/Insect/Environmental Agent or Medication</i>	<i>Route of exposure: Eaten, Touched, Inhaled</i>	<i>Symptoms of Allergic Reaction</i>	<i>Life Threatening or Mild Reaction</i>

***Please note: Consistent with guidelines from the Texas Department of Agriculture, in order for the District to consider food substitutions for a student’s food allergies, a signed letter from the physician must be provided. Contact the Student Nutrition Office at 817-299-6040 for further information.*

Please return this form to the school nurse immediately. After evaluation, if further information is needed, the school nurse will be in contact with you.

Student: _____ Date of Birth: _____

Grade: _____ Campus: _____ Date: _____

Parent/Guardian (Please print): _____ Contact Phone Number: _____

Signature: _____

Date form received by the school nurse: _____