

Food Allergy Form
Please return

Parents,

Please fill out the form below and return so we may have an accurate record of students that have food allergies. This form is for food allergies only; you should receive a form from our nurse for seasonal and medication allergies.

We encourage hand washing prior to and after lunch and have sanitation stations through- out the school. Please speak with your children about the importance of this practice. We ask that students not share lunches to eliminate any potential allergic reactions. We do have some students with Severe allergies, please talk with your child about the dangers of sharing foods.

If your child does have severe allergies, please be sure that your Epi-pen or medication is available in the office, labeled with your child's name. This list will be shared with teachers and staff.

Please fill out one form per student; if you need more forms you may print from www.ourladyoffatimahopewell.org in the Cafeteria section or email olofcafe@hotmail.com or call the office at 724-375-7565

Students Name _____ Grade _____

Food Allergy _____

Is there an Epi-Pen labeled in the office? _____

Is there any other medication to be taken that is labeled in the office in case of a reaction? Yes or No

If yes, please write that medication (benedryl, etc) _____