

**ATTLEBORO PUBLIC SCHOOLS
Attleboro, MA**

**FOOD SERVICES
RELEASE OF HEALTH INFORMATION RELATED TO
FOOD ALLERGY/DIETARY RESTRICTIONS**

Date: _____

According to information that you have provided to the Health Office and the medical documentation from the students physician, your child has food allergies that the Food Service personnel will need to be aware of. This data will be entered into a secure computer program that allows the Food Service personnel to see your child's allergy every time they enter their unique pin # to purchase food items.

ALL food allergy and dietary restriction MUST have current documentation from your child's physician that avoidance/restrictions are required.

Name of Student: _____ Date of Birth: _____

Grade: _____ School: _____

Allergy: _____

What happens when ingested: _____

Treatment with Epipen: Yes No

Medical Documentation provided to the nurse: Yes No

In any Emergency situation, 911 will be contacted immediately

I give permission to release this information to Whitson's Food Service personnel and have the data entered electronically in order to help food services better protect my child from accidental exposure to allergens.

Parent/Guardian Signature

Date

It is the parent/guardians responsibility to return this form so that the Food Service Staff is aware of your child's allergy or dietary restrictions along with medical documentation.