



**MAUD I.S.D.  
REQUEST FOR  
FOOD ALLERGY INFORMATION**

*(The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Additional information regarding food allergies, including maintaining records related to a student's food allergies, can be found at FD and FL.)*

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

No information to report

<b>Food:</b>	<b>Nature of allergic reaction to the food:</b>	<b>Life Threatening: YES or NO?</b>

**PLEASE BE AWARE THAT IF YOUR CHILD PURCHASES A SCHOOL LUNCH, 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.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy. [See FL]

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by Maud ISD staff:*

*Date form received by the school:* \_\_\_\_\_

*Reviewed by:* \_\_\_\_\_ *Date:* \_\_\_\_\_