

MILFORD PUBLIC SCHOOLS
1200 WEST 1ST STREET
MILFORD, NE 68405
402-761-2408

RELEASE OF INFORMATION

Student Name: _____

Student Date of Birth: _____

I am giving my permission for Milford Public Schools to release the **GLUTEN** allergy information to teachers, support staff, kitchen staff and classmates' parents. I understand that this information is being released for the safety of my child.

I will also notify Milford Public Schools, as soon as possible, if there should be any change in my child's allergy or health status.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

This release will remain in effect for the current school year.