

Parent Statement for Food Allergies

Student's Name: _____ Grade _____ ID#: _____
Last Name First Name

Date of Birth: _____ Last Killeen School Attended: _____

The following information will be on file in the educational record. Please complete this form carefully.

- House Bill 742 from the 82nd Texas Legislature requires a school district to request that a parent of an enrolling student disclose whether the student has a food allergy or a severe food allergy.

Please disclose whether your child has a food allergy or a 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

Food	Allergic reaction and last occurrence	Life Threatening?

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.

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 medical statement must be provided. Ask the clinic for the appropriate form.

Parent/Guardian name: _____

Home phone: _____ Cell phone: _____

Parent/Guardian Signature: _____

Date: _____

Date form received by the school: _____