



Always Innovating

**South
Texas ISD**

RIO GRANDE VALLEY | GRADES 7-12

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STISD.NET

REQUEST FOR FOOD ALLERGY INFORMATION

(STISD requests that the parent or guardian of each student attending any STISD school disclose the student's food allergies.)

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to STISD in order for necessary precautions to be taken.

“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. **Please return this form to the Nurse's Clinic. If it is not returned, there will be an understanding that your child does not have a food allergy.**

Food:	Nature of allergic reaction to the food:

STISD 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.

Student Name: _____ Date of birth: _____ Grade: _____

Parent/Guardian Name (please print): _____

Work phone: _____ Home phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____