

**Galena Park Independent School District
Food Allergy Disclosure**

I have been informed by District personnel that I need to disclose this information to the school nurse.

Yes, my child has a **life-threatening** food allergy requiring immediate medical attention.

Please list the food(s) and any symptoms or the allergic reaction that your child experiences due to life-threatening food allergies. _____

When does the allergic reaction occur? Ingesting ____ Touch ____ Smell ____ Other _____

Has this food allergy been diagnosed by a health care provider? YES NO

If yes, please provide school nurse with current food allergy action plan.

Does your child have an Epi-pen? YES NO

Please contact your school nurse if your child has severe/life-threatening food allergies. If your child's allergies require the district to make food substitutions on your child's meal tray, the nurse will send you a Dist Modification Form to be completed by your child's physician