

ST. THERESE SCHOOL Nurse's Office

135 Main Street, Succasunna NJ 07876

Tel: 973-584-0812 Fax: 973-584-2029

Food Allergy/Restriction Questionnaire

In order to ensure the safety of your child at school and assist the classroom teacher, we would like to ask you to complete in as much detail as possible, information regarding foods that your child may have for snack and what foods your child must absolutely avoid. Please be advised that this information will be shared with appropriate school personnel for the safety of your child.

If your child is allergic to nuts please specify which nuts they need to avoid and if there are any nuts they can safely eat. For example, allergy to walnuts and almonds but can have pecans and peanuts.

If your child is allergic to fruits please specify if it is the actual fruit only or if the allergy is to all forms of the fruit. Are artificial flavorings of the fruit acceptable? For example, allergy to apples but can have apple juice, applesauce or apple-flavored candy.

Please specify if the food product they are allergic to needs to be avoided all together or if a certain quantity is acceptable. For example, allergy to milk but can have 2 oz. a day of chocolate milk.

Student Name: _____ Grade: _____

Food allergy/restriction to: _____

Avoid food totally or limit the amount? _____

May have a limited amount (be specific): _____

My child may be in the same room with other children eating this food product? Yes: _____ No: _____

My child must avoid the following prepared foods & baked goods: _____

Snacks that my child can eat (be specific): _____

My child is permitted to self-select food items and knows his/her restrictions? Yes: _____ No: _____

If the above answer is NO, please provide snacks that your child may have during parties/special occasions.

When my child has a reaction to eating this food you will see these symptoms: _____

Medications necessary to treat my child's reaction to this food allergy are: _____

If medication is needed at school, additional paperwork needs to be completed by **you and your child's doctor**.

Check here _____ if you need our office to send the appropriate forms home to you **or circle all that apply:**

My child has been: desensitized, no longer has a food allergy, medication is not required at school.

I will indemnify and hold St. Therese School and its employees harmless should any problems arise.

Parent's Signature: _____ Date: _____