

Plano Independent School District Request for Allergy Information

Student Name: _____ Date of Birth: _____ Grade: _____

Although the District cannot guarantee an allergy free environment, this form allows you to disclose whether your child has a food/other allergy or severe allergy that you believe should be disclosed in order to enable the District to take necessary precautions for your child's safety.

"Severe allergy" means a dangerous or life-threatening reaction of the human body to an allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any food/other substance to which your child is allergic or severely allergic, as well as the description of your child's allergic reaction to that substance.

Allergen	Describe Allergic Reaction
1	
2	
3	
4	
5	
6	
7	
8	

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.

Parent/Guardian Name: _____

Work Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form was received by the school: _____