



**Schertz-Cibolo-Universal City Independent School District  
Health Services  
1060 Elbel Road, Schertz, Texas 78154**

**REQUEST FOR FOOD ALLERGY INFORMATION**

**The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement.**

This form allows you to disclose whether your child has a food allergy or 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.

<b>Food:</b>	<b>Nature of allergic reaction to the food:</b>

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.***

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Student I.D. \_\_\_\_\_