



MOST PRECIOUS BLOOD SCHOOL
1529 Barthold Street
Fort Wayne, Indiana 46808
260-424-4832

Cafeteria Food Allergy and Special Dietary Needs Alert Form

Student _____

Date _____

Teacher/Grade _____

School Year _____

Students may react to food in different ways. A student with a true food allergy can have risks to their life due to involvement of their immune system. In such cases, the offending food must be avoided entirely. Other students may show signs or symptoms that are similar to those of a food allergy but the body's reaction is less serious, such as digestive discomfort and does not result in anaphylaxis. A reaction of this kind is referred to as "food intolerance" and does NOT involve the immune system.

The following are the most common food allergens. Please indicate the allergen(s) that YOUR STUDENT has an allergy to:

PEANUTS ___ TREE NUTS ___ FISH/SHELFISH ___ WHEAT ___ EGG ___ OTHER ___

MILK AND DAIRY (products made with milk) ___

Preparing and serving food to students with food allergies in the school setting can be challenging especially with large numbers of students selecting food at the same time and then eating together. Most Precious Blood School makes every attempt to work with individual students and their families to accommodate students who have food allergies. **Please consider that this environment is not 100% risk-free.** Feel free to have your child bring his/her own meal to ensure complete control of their allergy management.

If you elect that your child is to eat meals prepared or provided by the school district, then you and your child need to acknowledge the risk for an allergic reaction. By assuming this risk, you will be releasing Most Precious Blood and its employees and agents, from the responsibility of monitoring your child's food choices and any subsequent liability caused by an allergic reaction.

I, the parent or guardian of (student name) _____,

___ will give my child the responsibility to choose the food they wish to purchase from the school cafeteria

___ do not want my child to purchase any items from the cafeteria, as they will be bringing food from home

Parent/Guardian Signature

Date

Dietary Restrictions Action Plan

PART A

Student's Name

Most Precious Blood School

Grade:

USDA has defined Diabetes, Celiac Disease, PKU, Life Threatening (causing Anaphylaxis) Food Allergies(LTFA) as disabilities that require food accommodations within the school setting.

Circle the medical condition(s) requiring dietary restrictions for you child:

Diabetes

Celiac Disease

PKU

Life Threatening Food Allergy(LTFA)

*If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.

PART B

List any dietary restrictions or special diet:

List any life threatening food allergies or food intolerances to avoid:

List food to be used as substitute.

Indicate any other comments about the child's eating or feeding patterns:

Parent's Signature:

Date:

Signature of Health Care Provider who has Prescriptive Authority in the State of Indiana :

Printed name of Health Care Provider who has Prescriptive Authority in the State of Indiana:

