

For Parents of Children with Food Allergies:

Child's Name: _____

Please check the appropriate box in each category below for your child (please choose only one under food/snacks/treats) and return this form with your child's Annual Student Information / Emergency Care Plan form.

Food / snacks / treats handed out in class:

_____ I will provide **all** of my child's food / snacks / treats; my child **may not** have **any** food / snacks / treats provided by others. Please provide a supply of substitute treats to your child's teacher to store and give your child any time food / snacks / treats are handed out in class.

_____ My child is knowledgeable about foods to avoid and **may determine for him/herself** which food / snacks / treats provided by others that he/she can safely eat. Please provide a supply of substitute treats to your child's teacher to store and give your child when food / snacks / treats that he/she feels are not safe are provided.

_____ **For peanut allergies:** My child cannot eat food / snacks / treats with obvious peanuts or peanut butter in them; he/she can eat foods without obvious peanuts or peanut butter, even if it may have peanut oil in it and/or the package says "may have trace peanuts" or was manufactured in a factory with peanuts". Please provide a supply of substitute treats to your child's teacher to store and give your child when food / snacks / treats that contain peanuts are provided.

_____ **For tree nut allergies:** My child cannot eat food / snacks / treats with obvious nuts in them; he/she can eat foods without nuts, even if it may have nut oil in it and/or the package says "may have trace nuts" or was manufactured in a factory with nuts". Please provide a supply of substitute treats to your child's teacher to store and give your child when food / snacks / treats that contain nuts are provided.

Lunchroom Seating:

Please note that if you request that your child's classroom be designated peanut and/or nut-aware, he/she must also sit at the peanut/nut-aware table in the lunchroom. It has been decided by administration that if a child's allergy is severe enough to require their classroom be peanut/nut-aware, their allergy is also severe enough to warrant sitting at the peanut/nut-aware table in the lunchroom.

_____ My child should sit at the peanut/nut-aware table in the lunchroom

_____ My child does **not** need to sit at the peanut/nut-aware table in the lunchroom

(his/her classroom is not peanut/nut-aware). He/she may sit wherever he/she chooses.

School / Hot lunch:

If your child will be eating School / Hot lunch, call CKC at 651-453-1136.

Parent Signature: _____

Date: _____