

Hamilton Southeastern Schools
CAFETERIA FOOD ALLERGY ALERT & DIETARY RESTRICTION FORM

STUDENT _____ DATE _____

GRADE/TEACHER _____ SCHOOL YEAR _____

Food reactions can be common, but most are caused by food intolerance rather than a food allergy. A food allergy causes an immune system reaction, can be life-threatening, and the offending food needs to be avoided entirely. Food intolerance can cause some to the same signs and symptoms as a food allergy, but is generally less serious and is usually limited to digestive problems. They do not involve the immune system.

FOR STUDENTS WITH A FOOD ALLERGY:

Food Allergy To: Peanuts Tree Nuts Wheat Soy Fish/Shellfish Egg
 Milk/Dairy Other: _____

Food allergies present a special challenge to a school corporation especially with the large number of students going through the food serving lines. Hamilton Southeastern Schools attempts to work with the students and parents to accommodate students who have food allergies, but the school corporation cannot guarantee that all school lunches are 100% free from particular reaction-causing food items. Therefore, the best way of ensuring your child's safety would be for you child to bring his /her own lunch to school.

Another option is to review the ingredient labels from the foods served in the café. This takes approximately a month at the beginning of a school year for all of the food labels to be collected by the cafeteria manager. If you would like to be contacted by the café manager to review food labels please indicate this below:

Please have the café manager contact me regarding food labels/ingredients. PHONE #: _____

If your child decides to eat food prepared or provided by the School Corporation, then you and your child will have to assume any risk that the school's food could cause an allergic reaction. By assuming this risk, you will be releasing Hamilton Southeastern Schools, and its employees and agents, from any responsibility for monitoring your child's food choices and any liability that may be caused by an allergic reaction.

I, the parent or guardian of _____,

- will give my child the responsibility to choose the food items they wish to purchase from the cafeteria.
- do not want my child to purchase any items in the cafeteria he/she may only eat food from home.

Parent/Guardian Signature _____ Date _____

FOR STUDENTS WITH FOOD INTOLERANCE:

- My child is lactose intolerant: My child may purchase the milk substitute "Dairy Ease"
- My student may eat other dairy items (yogurt, cheese, ice cream etc.)
- My student may not purchase other dairy items (yogurt, cheese, ice cream etc.)

Please list food(s) that your child cannot tolerate: _____

I, the parent or guardian of _____,

- will give my child the responsibility to choose the food items they wish to purchase from the cafeteria.
- do not want my child to purchase any items in the cafeteria he/she may only eat food from home.

Parent/Guardian Signature _____ Date _____