Lubbock ISD
Every Child Every Day

Student Health Services
Telephone: (806) 219-0466
FAX: (806) 766-6680

For CN Office purposes only:
Date received: _____
Date in POS: _____
Initialed by: _____
Notes:

Student Food Allergy/ Intolerance Form

PARENT/GUARDIAN: This form serves is an "awareness" document only. Information recorded below will be shared with only those LISD staff members that have an educational "need to know" about your child's food allergy. Dietary accommodations are not required to be made as a result of completing this form. If your child has a disability that requires a special dietary accommodation, you MUST complete the LISD Special Dietary Accommodation Form. Copies of this form can be obtained from your campus school nurse.

Student Name: _____ **Campus:** _____

Date of Birth: _____ **Grade:** _____ **Homeroom Teacher:** _____

Special Diet or Dietary Restrictions:

Food Allergies or Intolerances:

Food: _____ **Reaction to Food:** _____

Food: _____ **Reaction to Food:** _____

Food: _____ **Reaction to Food:** _____

Food: _____ **Reaction to Food:** _____

Comments:

Physician Information:

Name: _____

Telephone #: _____ **Fax #:** _____

Name of Person to be Contacted in an Emergency: _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Parent Signature: _____ **Date:** _____

Signature of Campus Nurse: _____ **Date:** _____

Campus Nurse email address: _____

Signature of Cafeteria Manager: _____ **Date:** _____

Signature of Homeroom Teacher: _____ **Date:** _____

Signature of Child Nutrition Director: _____ **Date:** _____

Campus/School Nurse should send to Aramark Director after nurse, café manager, & teacher sign this form.
Aramark (Child Nutrition Office) will fax, after reviewing and signing, to Student Health Services Coordinator. Coordinator will send to campus/school nurse.