

**Food or Anaphylactic Allergy  
Notification Form  
One form per each child, please!**

Toledo School for the Arts

Name of Student: \_\_\_\_\_

My Child has a Food or Anaphylactic Allergy to the following things:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This allergy **IS** potentially life threatening!

This allergy **IS NOT** potentially life threatening

If a potentially life threatening allergic response occurs, the following actions are to be taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following medications are to be taken:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have completed an Emergency Medical Authorization form and will provide the school with emergency medications and proper forms for my child.

I will consult with the school to make a food allergy action plan and have trained my child as to his/her food safety needs. My child and I will review the weekly lunch menu together, and discuss the vigilance required to self-monitor food products sold at school events, or special students sales, foods brought for potlucks or classroom celebrations, and foods served on school-sponsored field trips.

I **DO** give consent for the school to notify others of my child's food allergy

I **DO NOT** give consent for the school to notify others of my child's food allergy

Parent/ Guardian Name

Phone

Parent/Guardian Signature

Date