



Student's Name _____

Grade _____ Teacher's Name _____

Dear Parent/Guardian(s):

Your child's emergency card lists the following allergies:

- Food (*please specify*) _____
- Bee/Insect
- Environmental (*please specify*) _____
- Animal (*please specify*) _____
- Shellfish
- Peanuts
- Dairy/Lactose
- Latex
- Other (*please specify*) _____

Please have a **Physician** complete and return the attached **Prescription for Special Diet/Meals at School** to your student's School Nurse. You may fax, mail, send or bring this form to school.

Our fax number is _____.

Thank you for your prompt attention to this important matter.

Sincerely,

School Nurse Signature

Date