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