

**Burkburnett ISD
Request for Food Allergy Information
Incompliance with House Bill 742
From the 82nd Legislature**

Student Name: _____ Grade: _____ Date: _____

This form allows you to disclose a food allergy or severe food allergy that you believe should be disclosed to the District in order to take necessary precautions for your child's safety.

Severe food allergy means a dangerous or life-threatening reaction of the human body to a foodborne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention. Symptoms include swelling of the throat and difficulty breathing.

Burkburnett ISD requests that the parent or guardian of each student attending any BISD school discloses the student's food allergies.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to food. Please return this form to the Nurse's Clinic. If it is not returned, there will be an understanding that your child does not have a food allergy.

Food Allergy:	Nature of allergic reaction to the food:	Will Benadryl or an Epi-Pen be provided to the school?

The District will maintain the confidentiality of the information provided above and may disclose allergy information reported on this form to teachers, school counselors, cafeteria staff, nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District Policy.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Date form was received by the school: _____

School Nurse Signature: _____ Date: _____