

# Students with Severe Food Allergy

## Parent Permission for Snacks

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

Food Allergy: \_\_\_\_\_

Reaction: \_\_\_\_\_

Type of Medication: \_\_\_\_\_

My child has a severe food allergy and requires medication to be kept at school. I understand that my child will NOT be allowed to eat any snacks/food brought from an outside source without my permission. **My child has permission to eat the following items brought to school:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date