

# **Students with Severe Food Allergy**

## **Parent Permission for Snacks**

**Student Name:**

**Grade/Teacher:**

**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