



**Cornerstone Christian Academy
Request for Food Allergy Information
2018-2019**

To ensure the safety of your child at school, school administration is requesting that you complete the following Food Allergy/Severe Food Allergy Information to be kept on file in the office.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

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 the food.

IF YOUR CHILD DOES NOT HAVE A FOOD ALLERGY/SEVERE FOOD ALLERGY PLEASE INDICATE NO ALLERGY AND RETURN THE SIGNED AND DATED FORM.

Food	Nature of Allergic Reaction to the Food

Cornerstone Christian Academy will maintain confidentiality of the information provided above but may disclose the information to teachers and other school personnel as appropriate to the safety of your child.

(Please Print)

Student’s Name: _____

Birthdate: ____/____/____ Age: ____ Gender: _____ Grade: _____

Parent/Guardian’s Name: _____

Work Phone #: _____ Home Phone #: _____

Parent/Guardian’s Signature: _____

Date: _____ My child has no food allergies: _____

Date form was received by the school: _____