

FACS FOODS LAB ALLERGY FORM

Student NAME _____

Class Period _____

Dear Parent or Guardian,

During the 2018-2019 school year, your child will be participating in food labs in either Family and Consumer Science or Intro to Culinary. Part of the lab experience will include preparing and eating different foods. It is essential that I know if your child suffers from **ANY** food allergies or sensitivities so those foods can be avoided when selecting lab recipes. We might not be able to totally eliminate all such foods, but we will make alterations as much as possible. Below, please check the blank next to the statement, which applies to your child. If you check that your child has **NO** food allergies, then just skip to the bottom of the page, sign and date this form, and return it to school with your child. Participation in lab is dependent on this slip being returned before our first lab.

If you check that your child **DOES HAVE** a food allergy or sensitivity, please list on the lines provided what food (s) your child is allergic to and whether your child reacts from handling the food, being in the same room with the food, or just from eating it. If you feel I need additional information about your child’s allergy, include that information or call or email me at school. Then sign and date at the bottom and return this form to school with your child.

Thank you for helping me to keep your child safe.

Jennifer Blackburn

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_____ 1. My child is **NOT** allergic to any food.

_____ 2. My child **IS Allergic** to the food (s) listed below.

FOOD(S)	TYPE OF ALLERGY & REACTION	
<i>Example: peanuts</i>	<i>cannot eat or be near</i>	<i>very serious-potential anaphylactic shock</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent signature _____ Date _____