

Camden County Schools Food Allergy Form

Complete this form for students with a food allergy or intolerance and return it to your school nurse.

Date: _____

Name of Student: _____

School: _____ Grade: _____

Name of Parent: _____

Daytime Telephone Number: _____

Signature of Parent: _____

What specific food(s) is the child allergic to? _____

What type of reaction does the food cause? For example: hives, shortness of breath, etc.

What triggers the allergic reaction? For example: ingestion, direct contact, inhalation, etc.

How is the reaction treated? _____

Benadryl _____

Inhaler _____

Epi Pen _____

Food substitutions within the program meal patterns are made for students with food allergies/intolerances. For example, we can provide lactose free milk for a student with lactose intolerance. If you have questions regarding food substitutions, please speak with the cafeteria manager at your child's school.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.