

FACS FOODS LAB ALLERGY FORM

Student NAME _____

Please return on or before: Friday, August 26, 2016 to earn your 10 homework points

Class Period _____

Dear Parents/Guardians,

During the 2016-2017 school year, your child will be studying food and nutrition in either Foods and Nutrition 1. 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.

Ms. Allyson Hossa
ahossa@gcsd.k12.sc.us or 843-237-9899 ext 2404

_____ 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 very serious-potential anaphylactic shock</i>

Parent signature _____ Date _____